



PIRATE SOCCER CAMPS REGISTRATION FORM

Name: _____

Address: _____

City: _____ Zip: _____

Boy: Girl: Age: _____

E-Mail Address: _____

Home Phone: (_____) _____ - _____

Emergency Phone: (_____) _____ - _____

Emergency Contact Name: _____

Health Insurance Company: _____

Policy #: _____

Medical conditions/Allergies:

Camp #(s):

HALF DAY

#1 – July 6 – 10, 2009

#3 – August 3 – 7, 2009

FULL DAY

#2 – July 6 – 10, 2009

Camp T Shirt Size: YM YL YXL AS AM AL

Payment Options: Check#: _____ Cash \$: _____ Amount Enclosed: _____

Please make checks payable to
Ventura College Women's Soccer

Send all payments/questions to:
Steve Hoffman, Ventura College Women's Soccer Coach
4667 Telegraph Road
Ventura, CA 93003
805.302.4087 or 805.654.6400 x3241