

2022 BETHANY SOCCER CAMP REGISTRATION

Name _____ Male Female
Address _____
City _____ State _____ Zip _____
Phone () _____ Home () _____ Work _____
Roommate Preference _____
Parents or Guardian Name _____
Contact Email: _____
Birth Date _____ Age _____ Grade (Fall 2022) _____
Height _____ Weight _____ T-Shirt Size _____
Years of Soccer Experience _____ Position Forward Midfield
 Defense Keeper
Team Name (School or Club) _____
 Residential Commuter

Please	<input type="radio"/> July 6-9 (High School Boys)
Check	<input type="radio"/> July 11-14 (High School Girls)
One:	<input type="radio"/> July 17-20 (Youth Camp Ages 10-13)

A deposit of \$100.00, payable to Bethany Soccer Camps, is to be submitted with this form to:

Bethany Soccer Camps
C/o John Cunningham
PO Box 206
Bethany, WV 26032

Deposit Full Payment Check # _____ Check Date _____
 Charge: 4% extra charge for credit cards Visa MasterCard

Name on Card: _____ Amount \$ _____

Card No. #: _____ Expiration Date: _____

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