

# 2026 BETHANY SOCCER CAMP REGISTRATION

Male  Female

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_ Work \_\_\_\_\_

Roommate Preference \_\_\_\_\_

Parents or Guardian Name \_\_\_\_\_

Contact Email: \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade (Fall 2023) \_\_\_\_\_

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 12-15 (High School Girls)
One:	<input type="radio"/> July 19-22 (Youth Camp Ages 9-13)

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 \_\_\_\_\_

Name on Card: \_\_\_\_\_

Amount \$ \_\_\_\_\_ Security Code: \_\_\_\_\_

Card No. #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_