

# DANIEL IMHOF SOCCER SUMMER CAMP

Name of Player: \_\_\_\_\_

BC Care Card #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

\_\_\_\_\_

Circle Age Category: Ages 5-8 / Ages 9-13 \_\_\_\_\_

\_\_\_\_\_

Registration: \$125 \_\_\_\_\_

Includes t-shirt and ball. Bring shorts, shin guards, and water bottle.

\_\_\_\_\_

\_\_\_\_\_

June 29 - July 3 @ Chandler Park Fields \_\_\_\_\_

Ages 5-8: 9:30AM - 11:30AM \_\_\_\_\_

Ages 9-13: 12:00PM - 2:00PM \_\_\_\_\_

\_\_\_\_\_

Payment/Refund Information: \_\_\_\_\_

Pay by cash, cheque, or debit card. Cheques payable to Daniel Imhof.

\_\_\_\_\_

Full payment required to secure spot. \_\_\_\_\_

100% refund before June 20, 50% after June 21. \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_