

2016 Oakland Soccer Camp Application

BOYS CAMP ONLY

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email (Required): _____

All confirmations will be sent via email only

Age: _____ Grade: _____ Birthdate: _____
(At time of camp) (Fall 2016)

☐ Half-Day Camps – Boys (ages 5-12)

Dates: ☐ June 27-July 1, 2016 \$175.00
☐ July 11-15, 2016

☐ Full-Day Camps – Boys (ages 5-12)

Dates: ☐ June 27-July 1, 2016 \$295.00
☐ July 11-15, 2016

☐ Junior Elite Resident Camps for Field Players and Goalkeepers – Boys (ages 10-14)

Roommate Request: _____ (list one; resident campers only)

Dates: ☐ July 10-12, 2016

Cost: ☐ Resident \$330.00

July 10-15, 2016

☐ Combo Pack \$535.00

Choose: ☐ Field Player ☐ Goalkeeper

Choose: ☐ Small ☐ Medium ☐ Large ☐ Extra Large

☐ Senior Resident Elite Recruiting Camp for Field Players and Goalkeepers – Boys (9th Grade – College Freshmen)

Roommate Request: _____

Dates: ☐ July 18-20, 2016

Cost: ☐ Resident \$330.00

☐ Commuter \$310.00

Choose: ☐ Field Player ☐ Goalkeeper

Choose: ☐ Small ☐ Medium ☐ Large ☐ Extra Large

ALL REGISTRATIONS MUST BE PAID IN FULL, NO PARTIAL PAYMENTS ACCEPTED

I wish to enroll in the 2016 Oakland Soccer Camps, Oakland University, Rochester, Michigan. Neither Oakland Soccer Camps, the directors, Oakland University, nor anyone else connected with the camp assumes any responsibility for accidents (medical or dental) or any other injuries incurred as a result of attendance at this camp. The parent/guardian authorized the directors and staff of the soccer camp to act in their best judgment in any emergency requiring medical attention. The parent/guardian will furnish medical insurance for their child.

Parent/Guardian Signature: _____

Make check payable to: **Oakland Soccer Camps LLC**

Send application and check or money order to:

Oakland Soccer Camps L.L.C

PO Box 80884,

Rochester, MI 48308-0884