

HIGH SCHOOL TEAM APPLICATION

(This is a team application; players cannot apply individually to this camp)

Coach/ Manager's Name _____

Address _____

City _____ State _____ Zip _____

Tel# (h) _____ (w) _____ (c) _____

Email address _____

High School _____

To reserve your team's entry to camp, please send a \$200 non-refundable deposit made out to: **Oakland Soccer Camps LLC**

Print and complete application and send with check to:

Oakland Soccer Camps LLC
PO Box 80884
Rochester, MI 48308-0884

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