

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**

TM