

RAGE SOCCER CAMPS 2009

REGISTRATION FORM

Player's Name: _____

Age (Summer 2009) _____ Gender Male Female

D.O.B. _____ (Grade Fall 2009) _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian _____

Phone (Home) _____ (Work) _____ (Cell) _____

Email(s) _____

Position: Field Player Goalkeeper

Experience (number of years) _____ Primary Position _____ Current Club/Team _____

Session(s) Attending: Boys' Week Girls' Week Mini Academy Camp I Mini Academy Camp II
Rage Goalkeeper Camp I Rage Goalkeeper Camp II
Kutztown Residential Camp Kutztown Commuter Camp
Rage Brigade Camp
Pre-season Camp* Week Desired _____ Team _____

*Contact the Rage staff at gquinn@bsarage.com or call (828) 308-7562 to arrange location and time for your team

Cost: _____

PAYMENT OPTIONS

Early Registration: Register before **April 30th, 2009** to receive a discount!

Pay by check

Total Amount Enclosed _____ Check No. _____

Confirmation and Liability Waiver will be sent upon receipt of application and fee.

Make checks payable to: **Rage Soccer Club**

Mail to: ATT: Rage Soccer Camps • Rage Soccer Club • PO Box 130 • Leesport, PA 19533

Pay online Payment Made _____

To pay online go to: www.bsarage.com/paypal/paypal.htm

For invoice number, enter the camp name. Enter the amount paid and name of players participating.

Please be sure to print a receipt for your records.

For more information or questions contact Ged Quinn at gquinn@bsarage.com or call (828) 308-7562.