

2008 SUMMER CHAMPIONS SOCCER CAMP APPLICATION

Coordinator: Mohamad Mustafa (912) 727-2023

LOCATION: RICHMOND HILL ELEMENTARY SCHOOL FIELDS

CAMPS DATES:

Ages 5 – 7 6:00 PM – 7:30 PM	\$ 40	<input type="checkbox"/> June 2 – June 6	<input type="checkbox"/> July 21 – July 25
Ages 8 -12 6:00 PM – 8:00 PM	\$ 45	<input type="checkbox"/> June 2 – June 6	<input type="checkbox"/> July 21 – July 25

NOTE: CAMP SIZE IS LIMITED TO 30 PLAYERS PER CAMP SESSION.

1	Name: _____			<p>The goal of this camp is improve the skills of the players in dribbling, passing, and shooting while having good sportsmanship and fun.</p>
	Age _____	M _____ F _____	DOB ____/____/____	
2	Name: _____			
	Age _____	M _____ F _____	DOB ____/____/____	<p>I herby release RHRA, RH Soccer Club, Coaches, and coordinators from any claims and liability of any kind of personal injury or property damage due to participation in this camp. I certify that my child is in good health and is able to participate in all activities. If any attention is required for illness or injury, I give permission to a staff member for such care.</p>
3	Name: _____			
	Age _____	M _____ F _____	DOB ____/____/____	
Parent/Guardian _____				<p><u>What To Bring</u></p> <ul style="list-style-type: none"> Soccer Ball Shin Guards Water Bottles <p style="text-align: center; margin-top: 20px;">Checks to: Mohamad Mustafa</p> <p style="text-align: center; margin-top: 20px;">Mail to: Mohamad Mustafa 910 Davis Rd Richmond Hill, GA 31324</p>
Address _____				
City _____	State _____	ZIP _____		
Phone: _____		Cell _____		
Emergency Number _____				
E-MAIL _____				
Camp Fee \$ _____		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash		