

ROCKY MOUNTAIN SOCCER CAMPS, INC. TEAM CAMP REGISTRATION FORM

TEAM NAME _____ CLUB _____

AGE GROUP _____ M/F _____ DIVISION _____ AWARDS _____

COACH NAME _____ PHONE (h) _____ (w) _____ (c) _____

E-MAIL ADDRESS _____

CHAPERONE _____ PHONE (h) _____ (w) _____ (c) _____

E-MAIL ADDRESS _____

CONTACT NAME _____ PHONE (h) _____ (w) _____ (c) _____

E-MAIL ADDRESS _____

TEAM CAMP DATES REQUESTED (First Choice) _____
TEAM CAMP DATES REQUESTED (Second Choice) _____

NUMBER OF PLAYERS (10 Minimum 9v9 or 12 Minimum 11v11 at \$375.00 each) _____
ADDITIONAL SUPERVISING ADULTS (\$225.00 each) _____

TRAINING TOPICS _____

A NON-REFUNDABLE deposit of \$750 is needed to register your team. This deposit is required to hold your team's slot and will be applied to the final balance which is due upon arrival. If you need to cancel, this deposit *may* be refunded, provided that the slot can be filled by another team. If a team cannot be found to fill your slot, then the deposit is NON-REFUNDABLE.

Teams are registered on a FIRST COME/FIRST SERVED basis.
Make all checks payable to Rocky Mountain Soccer Camps, Inc.
Mail DEPOSIT to: RMSC P.O. Box 47 Victor, CO 80860
Please have each player complete a Team Camp Application.
Please make sure that their parents sign the Release Form section.
Please return the completed forms TOGETHER with your deposit.
THANKS!!

(Have each individual player pay into the Team Account, and then write a single check to the RMSC for the final payment.)

QUESTIONS?? Call 719-689-5547 or 720-394-5257 or 1-800-831-6749

For Office Use Only

Deposit Check #1 _____	Date Received _____	Name _____	Amount \$ _____
Total Number of Players _____ X \$375 = \$ _____		- Deposit of \$750 = Total Player Balance of \$ _____	
Additional Adults _____ X \$225 = \$ _____		+ Player Balance of \$ _____ = Total Amount Due of \$ _____	
Check #2 _____	Date Received _____	Name _____	Amount \$ _____ Balance \$ _____