

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 \$299.00 each) _____

ADDITIONAL SUPERVISING ADULTS (\$185.00 each) _____

TRAINING TOPICS _____

A NON-REFUNDABLE deposit of \$500 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 Player Application.
 - Please make sure that their parents sign the Release Form section.
 - Please turn in the completed forms **TOGETHER** when you arrive at the camp.
- 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 \$299 = \$ _____ - Deposit of \$500 = Total Player Balance of \$ _____				
Additional Adults _____ X \$185 = \$ _____ + Player Balance of \$ _____ = Total Amount Due of \$ _____				
Check #2	Date Received	Name	Amount \$	Balance \$