

TEAMCAMP REGISTRATION

Date: August 17-21, 2009
Time: 9:00 am-1:00 pm
Location: Kincheloe, Clifton, VA

TeamHarkes requires a non-refundable 50% deposit to reserve the week, with the remaining balance due on the first day of camp. A team representative must complete the registration form on the back of this panel and each player attending must fill out the medical release on the following panel. All forms must be submitted with registration and deposit check in one envelope.

Please make checks payable to John Harkes Promotions, Inc. and send entire team's packet along with 50% deposit to:

TeamHarkes Soccer School for Girls
PO Box 544
Round Hill, VA 20142

TEAMCAMP REGISTRATION

Team Name _____ No. of players attending (10 minimum)

Age Group _____ Total Due (\$225 per player)

50% deposit

Coach _____

Team Contact _____

Address _____

City, State, Zip _____

Phone _____

E-Mail _____