



# Seth Roland Soccer Camp 2020 Application



Run by Seth Roland Soccer Camp, LLC

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Mother's email \_\_\_\_\_

Father's Cell \_\_\_\_\_ Father's email \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent's Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Check here if you do not want your child's photo to appear on camp website.

Please check the camps that you wish to attend:

<b>Dates</b>	<b>Full Day (\$275)</b>	<b>Half Day (\$185)</b>
July 13-17	0	0
July 20-24	0	0
July 27-31	0	0

***Please Make Checks for Full Payment Payable to Seth Roland Soccer Camp, LLC***

Send this Application along with Medical Waivers to:

Seth Roland's Soccer Camp  
FDU Athletic Department  
1000 River Road  
Teaneck, NJ 07666

Phone: 201-692-2247

Email: [sethrolandsoccercamp@gmail.com](mailto:sethrolandsoccercamp@gmail.com)