



Seth Roland Soccer Camp 2018 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:

<u>Dates</u>	<u>Full Day (\$275)</u>	<u>Half Day (\$185)</u>	<u>Ball (\$30)</u>
July 9-13	0	0	0
July 16-20	0	0	0
July 23-27	0	0	0

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

Send this Application along with Medical Waiver to:

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

Phone: 201-692-2247

Email: sethrolandsoccercamp@gmail.com