



2008 Soccer Camps

Name _____ Date of Birth ___ / ___ / ___ Age _____

Male Female Position: _____ Level: *(circle one)* Beginner Intramural Travel ODP/Select

Parent's \ Guardian's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Emergency Phone () _____

Email Address (required) _____

Team / Club Name _____

Shirt Size: YM / YL / AS / AM / AL

Visit www.liroughriders.com to register online!!

Please complete the table below for all camps you would like to register for:

Date(s)	Location	# of Campers	Price	Total Price

Amount Owed: \$ _____

Method of Payment: Check Credit Card (MasterCard Visa Discover AMEX) *circle one*

_____ Credit Card Number _____ Expiration Date _____

_____ Cardholder _____ 3 digit security code *(on back of card)*

_____ Signature _____ Date _____

Credit Card billing address (if different from above)

Checks payable to: Long Island Rough Riders, 1425 Old Country Rd, Building A, Plainview NY 11803.

Camp Confirmation: All applicants will be responded to via email. Your email confirmation will include a mandatory waiver form and medical form to be completed prior to camp.