

Legacy Park Soccer Club

Presents

SUMMER SOCCER CAMP '10

Legacy Park Summer Soccer Camp
Registration Form

Name _____ Boy ___ Girl ___

(if more than one camper, print off more copies)

Address _____ DOB _____

City _____ State _____ Zip _____

Home tel: _____ cell: _____ work _____

Cash amt _____ check amt _____ check # _____

(\$90 per camper/\$140 per two per family/\$190 per three per family)
(*parental consent form/waiver/insurance info will be signed on site on
first day of camp on June 14)

Make check to "Pete Petersen" and drop off cash/check with this form at
HOA or mail to:
Legacy Park-HOA, attn: soccer camp, 4201 Legacy Park Cir, Kennesaw,
GA 30144.