



boulder county
Force

2008 SUMMER CAMP

Registration Form / \$100.00 per session

Name _____

Age _____ Boy _____ Girl _____

Address: _____

City: _____ Zip _____

Home Phone _____ Work Phone _____

Parent/Guardian Name _____

BC Force Soccer Camps - Summer 2008 ::
Pleasant View Soccer Complex, Boulder 9AM-12PM

Session 1: June 16-20 • k-3rd grade boys & girls camp

Session 2: June 23-27 • 4th-8th grade girls camp

Session 3: July 7-11 • 4th-8th grade boys camp

Session 4: July 14-18 • k-3rd grade boys & girls camp

Session 5: July 28-August 1 • Team Camp HS Girls, U11-U14 Red Boys & Girls

Session 6: Aug. 4-8 • U11-U14 Advance Team Camp

Circle Session(s) : **1 2 3 4 5 6**

NUMBER OF SESSIONS _____ **x \$100.00 = TOTAL PAYMENT** _____

Send Payment to: Boulder County Force 2769 Iris Ave, Suite #115 Boulder, CO 80304

Visa or Mastercard Payment: # _____ Exp _____

Name as appears on card: _____

Parent's Release for Medical Treatment:

I (parent/legal guardian) _____ authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician for (child's name): Medical Insurance Carrier: _____

Policy Number: _____

Parent/Guardian Signature: _____ Date: _____

Name of physician: _____ Physician's phone () _____