

Brighton Soccer Camp, Inc.

229 Buckland Avenue | Rochester, NY 14618 | 244-7928 or 752-1845

Registration Application 2019

Camp cost per camper: \$200 per ORIGINAL registration in any one session
(Ages 6-13)

Team & Group Rates: *See details in camp brochure*

C.I.T Program: *See details in camp brochure*

A deposit of \$50 per session is required with this application and is non-refundable

A confirmation letter will be sent to you indicating the session(s) you have been accepted. Balance will be due June 10, 2019.

EARLY BIRD SPECIAL: All applications post marked on or before May 20, 2019 will receive a **\$50 discount on original application only**

Discount does not apply to Team, additional siblings or additional sessions attending. We will be accepting applications up to the first day of camp, if the session has not been closed out. There will be a late fee charge for all applications received less than 3 weeks prior to the start of the session.

It is understood that the Brighton Soccer Camp is not responsible for accidents resulting in medical dental or other expenses. In the event a camper needs to see a physician or requires emergency hospital care the parent's/guardian's personal medical insurance is responsible for all costs incurred medical form to verify each campers good health will accompany your confirmation letter and must be filled out completely and returned by May 1, 2019 with any balance due for camp fees.

Signature of Parent or Guardian

Date

PLEASE NOTE: There will be a \$5 late charge for deposits and balances postmarked after 7/1/19

Please mail all deposits, balances and and paperwork to:

**The Brighton Soccer Camp
229 Buckland Avenue
Rochester, NY 14618**

Brighton Soccer Camp

Registration Form

Name: _____

Address: _____

City/Town: _____

Home#	Work#	Cell#	Email
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How did you hear about The Brighton Soccer Camp? _____

Did you attend our camp last year? Yes ___ No ___

	Session 1 July 8-12	Session 2 July 15-19	Session 3 July 22 -26
Camper's Name	_____	_____	_____
Sibling's Name	_____	_____	_____
Sibling's Name	_____	_____	_____
Team Camp	_____	_____	_____
C.I.T Program	_____	_____	_____

Please note: There will be a \$5 late charge for deposits and balances postmarked after 7/1.

Camper's Name	Age	Sex (Circle one)	Shirt Size Youth/Adult (Circle one)	Experience Travel, House, None
_____	_____	M / F	S - M - L - XL	_____
_____	_____	M / F	S - M - L - XL	_____
_____	_____	M / F	S - M - L - XL	_____
_____	_____	M / F	S - M - L - XL	_____