

TEAM CAMP RESERVATION FORM

Team Name _____

Team Type _____ High School or Club?

Contact Person _____ Coach or Admin?

Address _____

Phone Numbers _____

Email Address _____

Approx. # of players attending _____ Date Attending _May 31-June 3

if different

will this coach be attending?

Coach's Name _____ yes ___ no ___

Phone Numbers _____

Email Address _____

Enclose a \$600 deposit to Reserve a place now for the above team.

Mail this form to: Mike Getman Soccer Camp, PO Box 660754, Birmingham AL 35266.

Your \$600 deposit will hold a space for your Team at the Mike Getman Soccer Camp. If the team is sending in one check for the whole team, the \$600 deposit will be applied towards the balance due. If the individual team members are paying separately, they can make either a \$100 deposit or the full payment. Once this has been received, the initial \$600 deposit will be returned. One team coach may attend the camp, with his team, at no cost.

To complete the process, each team member must complete an Individual Application. Individual applications must be mailed together in one envelope along with final payment by May 1st.

Cancellation Policy: Please let the Mike Getman Soccer Camp know as soon as possible if your team or any of its members cannot attend. If the team cancels before the individual applications have been received, the \$600 deposit will not be refunded. If the team or team members cancel after individual applications have been received, then all money minus a \$100 dollar administrative fee per camper will be refunded. To receive a refund, the camp office must be notified at least 72 hours before camp starts.

Team Representative Signature

Date