

If you would like to type the information, you can fill out the online application, add a comment that you are mailing, then send in a check. Find the link at [www.msasoccercamps.com](http://www.msasoccercamps.com), or use the following:  
<https://mqbruno.wufoo.com/forms/sx250k1o9nze1/>

## 2017 APPLICATION

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 School \_\_\_\_\_ Grade entering Fall '17 \_\_\_\_\_  
 Current Team \_\_\_\_\_ League \_\_\_\_\_  
 Circle Shirt Size YOUTH: S M L XL ADULT: S M L XL  
 Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_  
 Other emergency #'s and names:

For Full Day Campers  
 After-Care:

Check Website for more information shortly

\_\_\_\_\_ MM/YY of last tetanus: \_\_\_\_\_  
 Allergies/Medical \_\_\_\_\_  
 Dr. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Ins. Co. \_\_\_\_\_ Policy \_\_\_\_\_  
 What team or campers would you like to be grouped with?

Session 1 June 26-30	Session 2 July 10-14	Session 3 July 17-21	Session 4 July 31-Aug 3
Good Counsel Boys 4 -13 Girls 4 -17	Good Counsel Boys 4 -13 Girls 4 -17	Good Counsel Boys 4 -13 Girls 4 -17	Evenings Boys/Girls 9th-12th
Field Player <input type="checkbox"/>	Field Player <input type="checkbox"/>	Field Player <input type="checkbox"/>	Good Counsel
	1/2 Day <input type="checkbox"/>	1/2 Day <input type="checkbox"/>	H S Prep <input type="checkbox"/>
	Goalkeeper <input type="checkbox"/>	Goalkeeper <input type="checkbox"/>	

<b>Tuition</b>			
_____ Regular Day Session*	@ \$270.00 =	\$ _____	
* <b>Regular Session is 245.00 if mailed by April 18h.</b>			
_____ Discounted Day Session(s)**	@ \$245.00 =	\$ _____	
** <b>2nd child or session, or one of 8 teammates <u>mailed together</u></b>			
_____ Half Day Session(s)***	@ \$150.00 =	\$ _____	
*** <b>Ages 4 and 5 only</b>			
_____ Evening HS Prep*	@ 175.00 =	\$ _____	
* <b>\$150.00 is mailed by April 18th</b>			
<b>Total Tuition Enclosed:</b>		\$ _____	

I authorize the staff of Montgomery Soccer Academy to act for me according to their best judgment in any emergency requiring medical attention. I give permission to MSA to use my child's picture or likeness in printed media or other forms of advertisement. I understand that after May 1, \$75.00 of the tuition becomes non-refundable and there is no refund unless requested by the Wednesday prior to a camp session. See GC website for their policy.  
 Parent's Name (print) \_\_\_\_\_

Signature: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Make checks payable to: **Montgomery Soccer Academy**  
 Mail to: **PO Box 608**  
**Olney, MD 20830**