

DAY CAMPS

Application for 2018 Camps

Screaming Eagles Soccer Camp
 P.O. Box 531518, Indianapolis, IN 46253-0518
 Camp Line: 317-294-7262
 www.screamingeaglescamps.com

Enroll my: Son Daughter

(Please print or type)

Name Last First Middle Initial

Email Alternate Email

Address

City State Zip Code

Home Phone: Emergency Cell Phone:

Age At Camp Date Of Birth: Month/Day/Year

How did you find out about camp

**All campers will receive a t-shirt*

T-shirt Size Adult S M L XL Youth S M L

Area of training you would like to concentrate on: Select One

Goalkeeper Field Player

Day Camp \$100.00

Ball \$20.00 Ball size 3 4 5

Payment made: \$ _____

Amount Due: \$ _____

(Make Checks Payable to "Screaming Eagles Soccer Camp")

Master Card Visa Discover

Card Number: _____ Expiration Date: ____/____/____

Name on Card: _____

Signature: _____

Credit card payments will be charged the full amount of camp fee.

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Pull out and mail application.