

Soccer Camp Registration Form

Parent's Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone # _____

Emergency # _____

E-Mail Address _____

Medical Insurance Carrier: _____

Policy # _____

Child's Name _____

Age (as of Aug. 1) _____

Soccer Experience: Intramural Travel Interscholastic

Entering Grade

Additional Children (same family only)

Child's Name _____

Age (as of Aug. 1) _____

Soccer Experience: Intramural Travel Interscholastic

Entering Grade

Child's Name _____

Age (as of Aug. 1) _____

Soccer Experience: Intramural Travel Interscholastic

Entering Grade

Mail form to:

Laurel Hill Bible Church
1260 Blackwood-Clementon Rd.
Clementon, NJ 08021

For more information call
church office: 856-784-6200 or
go to www.laurelhillbiblechurch.org

For more information on
TBAA Soccer Club
go to www.TBAA.net

PLEASE NOTE: Due to the rising costs of Soccer Camp, we will not be able to provide free balls this year.

Please bring a ball with you or you can pre-order a Victory Soccer Camp ball for \$6. Send check, payable to Laurel Hill Bible Church, with this registration form.

I would like to order _____ Victory Camp
(# of balls)

soccer balls @ \$6 each. Total Paid: \$ _____