

COERVER® COACHING
P. O. Box 575, Oakhurst, NJ 07755
Ph. 732-922-7755 Fax 732-922-9599

APPLICATION FORM - 2010

Complete One Form Per Child!

Camper's Name _____ Date of Birth _____

Street Address _____

City/State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ Emergency Phone _____

Email Address _____

Club Name _____ Team _____

Camp City & State _____ First Day of Camp _____ Camp Code if Known _____

Level Requested _____

Tuition: **Ball Mastery Program \$300.00** **Advanced Program \$350.00** **Elite Program \$400.00**

Shirt size: (please circle) YM YL AS AM AL AXL

Method of Payment: Check: Please make check payable to: Coerver Coaching

Credit card: VISA _____ MC _____ Discover _____

Card Number _____ * Expiration Date _____ * Security Code _____ *

Name on Card _____

Billing Address _____ City _____ State _____ Zip _____

PLEASE GO TO WWW.COERVER.COM, ENTER YOUR STATE AND READ THE POLICY STATEMENT

I have read and understand your policy statement and agree to be held to its terms. Yes _____

I hereby give permission for child/ward to participate in the Coerver® Camp and agree to comply with all of its rules and regulations. I hereby remove the staff and management of RGB Enterprises, Inc., t/a Coerver® Coaching Camps from any liability for injuries incurred during my child/ward's participation in this soccer program. I have enclosed my deposit of at least \$100. My balance is due 14 days prior to the first day of camp. If not paid by then, I will pay at the first day of camp in the form of cash, certified check or money order.

Parents/Guardian Signature _____ Date _____

-----For OFFICE Use Only-----

Date Received _____ Check or Approval # _____ Amount _____