2008 Wildcat School Application

Last Name _____First Name _____Birthdate_____

Address _____City/State _____Zip_____

Phone _____Email_____Work Phone_____

Age on Sept.1, 2008 _____Grade on Sept.1 _____ Cell Phone_____

Height _____Weight _____Indicate Size for Shirt _____Shorts _____

Name of Coach _____Phone _____Coach Email _____

Reserve your place by completing this form and returning it with a nonrefundable $200 deposit payable to the WILDCAT SOCCER SCHOOL. Be sure to check the box next to the session that you prefer. Balance of payment should be made one month prior to your session.

Please check the week and program you will attend:

WEEK I	**WEEK II**	**DAY CAMP**
MERIDEN	MERIDEN	PEMBROKE
AUGUST 3-8	**AUGUST 16-19**	**AUGUST 11-14**
		4:30 - 7:30 P.M.
TUITION: $650 ____	TUITION: $475 ____	TUITION: $110 ____
DAY: $575 ____	DAY: $400 ____	
GOALKEEPER ____	GOALKEEPER ____	GOALKEEPER ____

AMOUNT ENCLOSED: _____$200 DEPOSIT _____FULL PAYMENT

Correspondence, registration and payment for all programs should be made to the WILDCAT Soccer School, Box 563, New Hampton, NH 03256. For further information call 603-744-5067 or email – ben@bbsoccer.com.

SPECIAL RATES FOR GROUPS Members of a group of 5 or more will receive $40 off their tuition cost and members of a group of 10 or more will receive $60 off their tuition cost. This is provided that the applications are sent in together with a list of names and a statement requesting the special group rate.

I would like to share a room with_____

In what years did you previously attend the soccer school?_____

I grant permission for the WILDCAT Soccer School to use photographs or videotape made of this applicant during the Wildcats Soccer School sessions.

REFUND POLICY

The deposit is non refundable and non transferable regardless of the reason for cancellation. Other monies paid will be refunded only upon written request and if cancellation is made at least two weeks prior to the opening of the session. After that time no refunds shall be made for any reason. Payments shall be credited for participation the following year.

_____ Parent's Name _____

Signature of parent or guardian Email _____