



## 2009 Wildcat School Application

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Age on Sept. 1, 2009 \_\_\_\_\_ 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:

<b>DAY CAMP</b> Amherst <b>July 27 – 30</b> <b>4:30-8:30 pm</b> TUITION: \$125 _____ GOALKEEPER _____	<b>WEEK II</b> Meriden <b>AUGUST 2 - 7</b> TUITION: \$675 _____ DAY: \$575 _____ GOALKEEPER _____	<b>WEEK III</b> Pembroke <b>AUGUST 10 - 13</b> <b>4:30 – 8:00 pm</b> TUITION: \$125 _____ GOALKEEPER _____
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**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](mailto:ben@bbsoccer.com).

**SPECIAL RATES FOR GROUPS** Members of a group of 5 or more will receive \$40 off their overnight 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.

\_\_\_\_\_  
 Signature of parent or guardian                      Parent's Name \_\_\_\_\_

Email \_\_\_\_\_                      Mobile Phone \_\_\_\_\_