

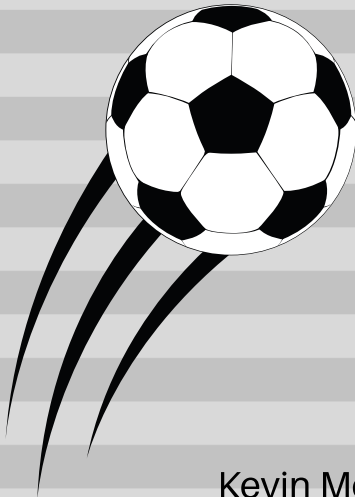
Free Soccer Camp

Students Ages 7 to 15

At Alaska Park

July 10-13

10AM-2:00PM



Kevin Mennel

Kevin@extremefaitthstl.org

314-353-3276

Soccer Camp Application

First Name: _____ Last Name: _____

Preferr to be called: _____ Gender: M F

Birthday: _____ (MM/DD/YR) Age: _____

Phone: home: (_____) _____ - _____ cell: (_____) _____ - _____

Email: _____

Address: _____ City: _____

State: _____ Zip: _____

Parent/Guardian Information

Name: _____

Name: _____

Ph: (_____) _____ - _____

Ph: (_____) _____ - _____

Relationship: _____

Relationship: _____

Contact Name: _____ Ph: (_____) _____

Relationship: _____ Health Issues: Y N Allergies: Y N

Health/Allergy Notes:

Parent Permission

As a guardian, I recognize my child is applying for the Extreme Faith Soccer Camp, and give him/her permission to serve with Extreme Faith and St. Trinity leaders. I also give permission for my child to be photographed during this event and picture be used to help spread the word about the mission of these organizations .

Guardian Full Name (Printed) _____

Parent/Guardian Signature _____

Date _____ (dd/mm/yyyy)