



CGSA Elite Soccer Camp Registration Form

Player Name/ Team Name _____

Playing Position/Circle Appropriate Pos.: GK Defender Mid Field

Forward

Birthdate: _____

Home Phone: _____

Mother's CELL Number: _____

Father's Name: _____

Father's CELL Number: _____

E-mail Address: _____

July 10TH THRU July 14TH

9:00am – 1:00pm (Chatham County Soccer Complex)

MAKE CHECKS PAYABLE TO GARY WRIGHT

COST- \$175.00 prior to June 30th (\$200.00 beginning July 1st)