



CGSA RECREATIONAL SOCCER CAMP Registration Form

Player Name/ Team Name _____

Birthdate: _____

Home Phone: _____

Mother's CELL Number: _____

Father's Name: _____

Father's CELL Number: _____

E-mail Address: _____

July 18TH THRU July 22nd, 2005

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

MAKE CHECKS PAYABLE TO GARY WRIGHT

COST- \$125.00