



SEBASTIAN SOCCER CAMP REGISTRATION FORM 2017

FROM JULY 10 THROUGH JULY 14
At 9400 Sebastian Blvd. Sebastian, FL 32958



REGISTRATION FORM NUMBER: (FOR OFFICE USE ONLY)

PLAYER INFORMATION

Player's last name:		First:	Middle:	Uniform size		
Street address:		Home or Cell phone no.:		Birth date:	Age:	Sex:
City:		State:		ZIP Code:		

FATHER INFORMATION

Father's last name:		First:	Middle:
Street address:		Home or Cell phone no.:	
City:		State:	ZIP Code:

MOTHER INFORMATION

Mother's last name:		First:	Middle:
Street address:		Home or Cell phone no.:	
City:		State:	ZIP Code:

CREDIT CARD INFORMATION

Credit Card Number	Name on Card:		Phone number associated with Card.:	
CCV on back of Card	Expiration:	Address on Card:		ZIP Code:

AUTHORIZATION FORM

I _____ authorize Sky Blue Pro Soccer Academy LLC to deduct the amount of ☐ \$125.00 Half Day Camp ☐ \$190.00 Full Day Camp

Date

Patient/Guardian signature



SEND TO: SKY BLUE PRO SOCCER ACADEMY
908 SW Eastbrook Circle
Port Saint Lucie, FL 34987

email: info@skyblueprosocceracademy.com