

# APPLICATION

## PLAYER INFORMATION

↑ GROUP CODE

Gender:  Male  Female

DOB .....

Name .....

Street Address .....

Town ..... ZIP .....

Phone (home) ..... (cell) .....

E-mail \* .....

*\* E-mail will be used to send updates. Please use a current address.*

Person to Contact in case of Emergency

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## PROGRAM & LOCATION

Location .....

Program  Morning & Afternoon  Morning ONLY  Evening Program  
(Check one)

Tuition Amount .....

*Make checks payable to Victory Soccer School*

*For Branford, please make checks payable to Branford Recreation Dept.*

*For Hamden Hall, please make checks payable to Hamden Hall*

## MAIL APPLICATION

Mail completed application with payment to the address listed for the camp you wish to attend. Specific mailing addresses for each location can be found online on the location's camp page.

Upon receiving your application, we will send you a medical form to be filled out by your physician. Medical forms can be found online via the downloads page. Please bring the completed medical form with you to the first day of soccer school. **DO NOT MAIL FORM AHEAD OF TIME.**