

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

.....

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.**