



Vaccaro Soccer High School Readiness Camp De Cou Park

To register, complete this form, waiver, and mail in to address below with your check or money order.

Player's Name _____ DOB _____

M ___ F ___ Parent's Name _____

Address _____

Home Phone(____) _____ E-Mail _____

Player's Current Team _____ Coach _____

Club Name _____ Playing Experience(Yrs) _____

Payment Information: Check # _____ Amount \$100 - - - DEPOSIT \$25

Payable to Carol Holt (609)636-1453

Mail this page and signed waiver to :

Carol Holt
11 McPhelin Ave
Cherry Hill, NJ 08034