



## 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 (\_\_\_\_) \_\_\_\_\_

Cell or Work 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  
carolholt11@verizon.net

Mail this page and signed waiver to:

Carol Holt  
11 McPhelin Ave  
Cherry Hill, NJ 08034