

PLEASE **PRINT** NEATLY AND  
MAIL WITH PAYMENT OR REGISTER ON LINE  
AT  
**WWW.EASTERNYOUTHSOCCERCAMPS.COM**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

T Shirt Size (Circle) AS AM AL AXL

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

Parents Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

I hereby give permission for my child to attend the  
Cromwell/Middletown Preseason Camp. I declare  
that he or she is in good health and able to participate  
in camp activities. In addition, I authorize the  
Director/s of the camp to act for me according to his  
best judgment in case of an emergency which requires  
medical attention. I will not hold Eastern Youth Soccer  
Camps LLC or camp staff responsible in case of injury  
as a result of participation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

REGISTER ONLINE

**WWW.EASTERNYOUTHSOCCERCAMPS.COM**

**Checks payable to:**

**EASTERN YOUTH SOCCER CAMPS**

**Mail to:**

**EASTERN YOUTH SOCCER CAMPS**

**306 WINDHAM ROAD**

**Willimantic, CT 06226**

**ATTN: TOLLAND TEAM CAMP**

# **TOLLAND HIGH SCHOOL HIGH SCHOOL BOYS' SOCCER 2017 PRESEASON CAMP**

**FOR:  
INCOMING 9<sup>TH</sup> GRADERS  
THRU 12<sup>TH</sup> GRADERS**



## **WHEN:**

**JULY 13 6-8PM**

**JULY 20 6-8PM**

**JULY 27 6-8PM**

**AUG 3 6-8PM**

**AUG 10 6-8PM**

## **WHERE:**

**TOLLAND HIGH SCHOOL**

## **TUITION:**

**\$100**

**WWW.EASTERNYOUTHSOCCERCAMPS.COM**