

## 2010 Team Ohio FC Soccer Camp

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Age: \_\_\_\_ Birthdate: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

T-shirt size (circle): YL AS AM AL XL

- Enclose \$25 non-refundable deposit to secure place in camp.
- Please make checks payable to Team Ohio FC.
- Please return completed application, fee and medical waiver to:  
Team Ohio FC  
C/O Steve Dawson  
2442 Greystone Lane  
Springfield, OH 45503