

2011 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