

2009 CAMP APPLICATION

Name: _____

Address: _____

_____/_____/_____
City State Zip

_____/_____/_____
Home Phone Age Date of Birth

Cell Phone: _____

E-mail Address: _____

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

Choose the Camp Session:

June 29 – July 3

July 13 – July 17

- **Enclose a \$25 non-refundable deposit to secure a 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