



CE Summer Camps
Boys and Girls Ages 4-6
CE Blossom 1600 E Bitters Rd

Players will be divided by age and ability. Our staff will lead players in a variety of games that will teach the kids how to dribble, pass, shoot, and learn to love to play soccer!

Summer Camps

Dates: June 6-9th, June 20-23rd, & August 1-4th

COST: \$160 per camp

AGES: 4-6

Player's Name: _____ Age: _____ DOB: _____
 Gender: Male Female Currently Playing : Yes No Current League _____
 Address: _____ City: _____ State: _____ Zip: _____
 Parent/Legal Guardian: Name: _____ Primary Phone: _____
 Email Address: _____
 Emergency Contact: _____ Phone: _____

Free Camp T-shirt – Choose a size: YS YM YL XS S M L XL

SPECIAL DISCOUNTS!

Early Bird Discount

Register and pay in full before 4/15/2016
Receive \$30.00 off any camp selection

Confirmation

Staff will contact you to confirm payment. Registration not guaranteed until payment received.

Refund & Payment Policy

Refund requests must be made 14 days prior to start of camp. No refund will be given after camp begins/ \$35.00 non-refundable admin fee.

Deadline

Mail in registrations must be received 7 days prior to start of camp. On-Site Registration will be an additional \$25.00.

What to bring:

Ball, water, shinguards & cleats

Cancellations due to weather will result in an end of summer make up or a training credit.

Questions?

Lupe Metzger

Email: metzgersoccer@gmail.com
Cell: 512.731.4024

Session I:	Session II:	Session III:	Age Group:
<input type="checkbox"/> June 6-9th 8:30-10:30 A Ages 4-6 \$160	<input type="checkbox"/> June 20-23rd 8:30-10:30 ^a Ages 4-6 \$160	<input type="checkbox"/> August 1-4th 8:30-10:30 ^a Ages 4-6 \$160	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6

Payment Method:

Check – Enclosed is my check payable to CE Classics

Credit Card – Please Charge my: Visa MasterCard Discover

Card Number: _____

Expiration Date (mm/yy): ____ / ____ Validation Code: _____

Credit Card Billing Address (Required): _____

City: _____ State: _____ Zip: _____

Print Name on Card: _____

Cardholder's Signature: _____

By submitting this application, I certify that my child is in good health and capable of performing physical activities associated with the sport of soccer. My child is covered by health insurance and in the event of injury, I authorize Trainers to seek, at my expense, such medical attention as they deem appropriate. I release, discharge and hold harmless CESA from any injuries which may occur to my child while participating. (Please list any special conditions on a separate sheet of paper.)

Signature: _____ Date: _____

Registration available online @ Classicselite.us