

Pacific-Umbro-Soccer Camp

Application Form

PO Box 1211, Green Valley, NSW 2168
Telephone: 98354712 Facsimile: 98353672
www.pacificsoccer.com.au - pacificsoccer@hotmail.com



Surname: _____ First Name: _____

Address: _____ Suburb: _____ Postcode: _____

Contact No: _____ Age: _____ Sex: M/F Club you play for: _____

Email: _____

Date: 30.09.2008 to 02.10.2008

Day: Tuesday to Thursday

Time: 9.00 am to 12.00 pm

Ages: For boys and girls aged 6-12 yrs

Fee: \$99 inc. GST (check group and family discounts)

Please camp location you wish to attend.

Canterbury

Chatswood

Quakers Hill

I, the undersigned, approve of this application and in doing so do agree that the Pacific Soccer Camp and its officers and servants are free and clear of all responsibility whatsoever in the above mentioned activity for any loss, injury or illness during the applicants participation in this activity. In the event of any injury or illness to my child, I hereby give consent in arranging any medical treatment that may be required.

Medical information-Any child entering the camp with a medical problem must bring a letter from his/her doctor regarding treatment of the condition.

Data Protection Statement and consent. If you do not wish to receive any information about our services and products please tick here.

Signature of Parent or Guardian: _____ Date: _____

Please forward this application form together with your FEE of \$99 to:

Pacific Soccer, PO Box 1211, Green Valley, NSW 2168
Phone: 98354712 Fax: 98353672

Payment details: (please tick) I enclose payment now by:

Cheque Money Order Mastercard Visa

Card number:

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Expiry Date:

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Amount \$: _____

Card Holders Name: _____

Signature: _____