

For Office Use Only

<input type="checkbox"/> Day Camp1 <input type="checkbox"/> Day Camp2	<input type="checkbox"/> Day Camp3 <input type="checkbox"/> Overnight Camp	Registration Status <input type="checkbox"/> Position Reserved (Deposit received) <input type="checkbox"/> Registered
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Registration Form

Please complete one registration form for each player. Send payment or \$200 deposit for *each week* of camp to reserve your child's spot. We accept payment by credit card or check, payable to Future Stars Soccer Academy, Inc. **The remaining balance is due by June 5th.** If you pay by credit card, the balance will be charged on the 5th

MAIL / FAX (1) THIS REGISTRATION FORM WITH (2) PAYMENT AND IF READY (3) COPY OF INSURANCE CARD & (4) CONSENT FORM TO:
FUTURE STARS SOCCER ACADEMY • P.O.Box 628 - 3000 Woodrow Way Atlanta, GA 30319• TEL (678) 612-1888 FAX (404) 364-8445. THANKS.

Please print

Players' s Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

E-mails Home: _____ Work: _____ Other: _____

Telephones Home: _____ Work: _____ Mobile: _____

Age (At the time of camp) : _____ Birth date: _____ Gender: Male or Female

Please choose one: Forward Midfield Defender or Goalkeeper

Jersey Size: _____

Team name: _____ Playing Level (e.g., Classic, Challenge, Athena, Rec): _____

Please select your camp:

* Day camp hours are from 9:00AM to 3:30P

JUNE				M	T	W	Th	F
Programs	Fee	Dates	Days	20	21	22	23	24
<input type="checkbox"/> Day Camp 1	\$295	20 th -24 th	M-F					

JULY				M	T	W	Th	F	S	S	M	T	W	Th	F
Program	Fee	Dates	Days	11	12	13	14	15	16	17	18	19	20	21	22
<input type="checkbox"/> Day Camp 2	\$295	11 th -15 th	M-F												
<input type="checkbox"/> Day Camp 3	\$295	18 th -22 nd	M-F												
<input type="checkbox"/> Overnight Camp	\$595	18 th -22 nd	M-F												

Select Your Camp Group: Mini-pro Day camp* (Age 7-9) Junior-pro (Ages 10-13) Senior-pro (Age 14+)

Roommate Request: List choice(s): _____

How did you hear about us? Camp Brochure/Flyer FSSA Website Coach Parent Player

Directory of Camps (print/Web) Advertisement **Details:** _____

Payment Information:

Payment (or deposit) amount: US \$ _____ Check or **Credit Card:** Visa MasterCard Discovery AmEx

Cardholder Name: _____ (As it appear on credit card)

Credit Card Number: _____ Expiration Date: _____ Validation CVV: _____

The balance will be charged to the card on June 5th, unless you check here indicating that you will pay by June 5th with a check.

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Deposit, amount received: \$ _____ Date: _____ Payment Type: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check # _____
Balance Due: \$ _____
Balance, amount received: \$ _____ Date: _____ Payment Type: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check # _____