

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



## 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 5<sup>th</sup>**. If you pay by credit card, the balance will be charged on the 5<sup>th</sup>

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:**

All camps are from 9AM to 3:30PM Monday- Thursday and Friday we end at 12pm.

JUNE				M	T	W	Th	F
Programs	Fee	Dates	Days	18	19	20	21	22
<input type="checkbox"/> Day Camp 1	\$310	18 <sup>th</sup> -22 <sup>nd</sup>	M-F					

JULY															
Program	Fee	Dates	Days	9	10	11	12	13	14	15	16	17	18	19	20
<input type="checkbox"/> Day Camp 2	\$310	9 <sup>th</sup> -13 <sup>th</sup>	M-F												
<input type="checkbox"/> Day Camp 3	\$310	16 <sup>th</sup> -20 <sup>th</sup>	M-F												
<input type="checkbox"/> Overnight Camp	\$610	16 <sup>th</sup> -20 <sup>th</sup>	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 5<sup>th</sup>, unless you check here  indicating that you will pay by June 5<sup>th</sup> with a check.

FOR OFFICE USE ONLY

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