

REGISTRATION FORM

HIGH SCHOOL ELITE CAMP

Please fill out all information below. Registration is open until all spots are filled.

Name

Parent's Name

Address

City

State

Zip

e-mail

Phone

School

Club Team

Ability Level (circle) State Reg Nat'l

Age at time of camp

Grade (as of fall 2008)

Primary Position

Goalkeeper

Defender

Midfielder

Forward

Roommate Preference No. 1

Roommate Preference No. 2

PREFERRED T-SHIRT SIZE:

Adult: Small Medium Large X-Large

Total Cost: \$ _____

Please make check payable to: **MARQUETTE MEN'S SOCCER**

Send forms or Fax to:

Marquette Gym
1532 West Clybourn Street
Milwaukee, WI 53233
Fax: 414-288-6680

PLEASE CHARGE THE FOLLOWING CREDIT CARD:

MasterCard Visa Discover

Card No.

Exp. Date

Signature (for charge card authorization)



DATES

JULY 30 -
AUG. 2

PRICE

\$375

LOCATION

VALLEY FIELDS

With questions, please
contact Khaled El-Ahmad
at 414.288.6628 or
khaled.el-ahmad@mu.edu

GOMARQUETTE.COM/SOCCERSCHOOL