



The University of Washington Men's Soccer Team

Proudly Presents . . .

**2009 WINTER HUSKY SOCCER CAMP**  
**DECEMBER 28, 29, 30, 2009**  
***SOCCER TRAINING FOR BOYS AND GIRLS***  
**"A GREAT WAY TO KEEP IN SHAPE OVER THE HOLIDAYS!"**

U.W WINTER CAMPS FEATURE FORMER UW AND CURRENT PROFESSIONAL  
'MAJOR LEAGUE SOCCER' (MLS) STARS'

Ely Allen (DC United) Kevin Forrest (Portland Timbers) George John (FC Dallas)

**Camp is available for boys and girls (field and goalkeepers) ages 8-18 years old.**

**- AM Session: 9:30-11:30am** **8-11 years old**  
**- PM Session: 1:30-4 pm (9:30-11:30 on 12/30)** **12-18 years old**

CAMP FEE: \$115 for 8-11 yrs, \$125 12-18 yrs. with advanced registration (add \$10 at the door)

Space is limited - Deadline for advanced registration - postmarked by December 19<sup>th</sup>

\* This is a UW Men's Soccer Fundraiser

Camp Location - UW Men's Soccer Training Facilities: **Dempsey Indoor Center**(this is the Premier Indoor center in College sports) and the East Practice Field (Husky Stadium)

Drop off/pick up point is at the front of the Dempsey only if you have your parking pass. A 20 minute permit will be provided with your confirmation email. Please print and bring with as we are not responsible for parking. Parents wanting to stay longer will have to purchase parking passes at the gatehouse.

\*To sign up online (via credit card) or for more information visit [www.gohuskies.com](http://www.gohuskies.com) under 'Men's Soccer', then 'DAWGBITES' in the right column OR please make checks payable to:

*"University of Washington Men's Soccer" and send to the below address. If you have any questions, contact [rjreece@u.washington.edu](mailto:rjreece@u.washington.edu).*

Upon receipt of registration, confirmation info will be sent out via e-mail.

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**REGISTRATION:**

Last Name \_\_\_\_\_ First \_\_\_\_\_

Age/Session \_\_\_\_\_ T-Shirt size \_\_\_\_\_ Field Player \_\_\_\_\_ Goalkeeper \_\_\_\_\_

Home Address \_\_\_\_\_ City, State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Email address: \_\_\_\_\_

\*\*Return registration to: Richard Reece, Asst. Soccer Coach, University of Washington,  
Box 354080, Seattle, WA. 98195-4080

**Waiver: I hereby authorize the coaches of the sport camp to act for me according to their best judgment in an emergency requiring medical attention. I hereby waive and release the camp from any and all liabilities for any physical impairment that would be affected by the above named camper's participation in the camp program.**

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_