

Registration Form

Camper's name: _____

Male _____ Female _____

Parental contact: _____

Address: _____

City: _____ State _____ Zip _____

Home Phone: _____

Work Phone: _____

Emergency contact: _____

Phone: _____

Grade entering in Fall '08: _____

Please check the following:

Single camper fee: \$65 _____

Additional Sibling camper fee: \$40 _____

Registration Deadline: June 2, 2008

Camp Dates: June 16-20, 2008

**Please make checks or money orders
payable to Brent McIntosh**

**Please send completed Registration form and
Camper's Health form, along with check
or money order to:**

**DeKalb High School Soccer Camp
C/O: Brent McIntosh
314 Fairview Dr.
DeKalb, IL 60115**

Questions can be sent to Coach McIntosh at:

brent.mcintosh@dist428.org

or

815-761-3436