

# GD EDGE

## TEAM SOCCER CAMPS

### June 25-28, 2009

#### APPLICATION

High School Team \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Last Name First Name M.I.

Mailing Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age at camp: \_\_\_\_\_

Position: \_\_\_\_\_ Field Player \_\_\_\_\_ Keeper

Roommate Preference: \_\_\_\_\_

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**June 25-28**

**COST OF PRIVATE CAMP: \$225/PLAYER**

Make checks and money orders payable to:

**GD EDGE Soccer**

Mail Application and Payment to:

Box 58 WVWC

59 College Avenue

Buckhannon, WV 26201

(304) 473-8195