

# EuroSoccer Team Camp

# Team Roster

<b>Team Name</b>	<b>Coach</b>	<b>Camp Date</b>
<b>Field Address</b>	<b>Email</b>	<b>Camp Time</b>
<b>Phone</b>	<b>Address</b>	<b>Age Group</b> <b>Comp Metro Class 1 Rec</b>

	<b>Player First Name</b>	<b>Last Name</b>	<b>Address</b>	<b>Phone</b>	<b>\$70</b>
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<b>Assistant Coach</b>	<b>Contact (if organized by a parent)</b>	<b>Total \$</b>
<b>Name</b>	<b>Name</b>	<b>Deposit \$150</b>
<b>Phone</b>	<b>Phone</b>	<b>Balance Due \$</b>
<b>Email</b>	<b>Email</b>	<b>Deposit Check #</b>
<b>Address</b>	<b>Address</b>	<b>We take Visa and MasterCard</b> <b>Call us 877-812-1235</b>

Please fill out this form and send to EuroSoccer Team Camps, PO Box 725 Davis, CA 95617