



Valparaiso University Men's Soccer  
VIP Summer Junior Elite Residential Camp  
July 17 - 19, 2017

VIP Summer Junior Elite Residential Camp APPLICATION

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_ ZIP: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

POSITIONS PLAYED: \_\_\_\_\_ CLUB TEAM: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

GRAD YEAR: \_\_\_\_\_ GPA: \_\_\_\_\_ SAT/ACT: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

PARENT E-MAIL: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ INSURANCE COMPANY PHONE: \_\_\_\_\_

GROUP/POLICY #: \_\_\_\_\_ POLICY HOLDER: \_\_\_\_\_

<u>TUITION TOTAL (please check one):</u>		
<input type="checkbox"/>	RESIDENTIAL	= \$350.00
<input type="checkbox"/>	COMMUTER	= \$275.00

<u>For Official Use Only</u>	
Date Received:	_____
Check Number:	_____
Balance:	_____

TO ENROLL:

PLEASE RETURN YOUR COMPLETED APPLICATION, MEDICAL AND MEDIA RELEASE FORMS AND FULL TUITION TO:

VALPARAISO UNIVERSITY MEN'S SOCCER  
1009 UNION STREET - ARC 175  
VALPARAISO, INDIANA 46383  
*PLEASE MAKE CHECKS PAYABLE TO: VALPARAISO UNIVERSITY MEN'S SOCCER*

