

Brighton Soccer Camp, Inc

229 Buckland Avenue • Rochester, New York 14618 • 244-7928 or 752-1845

Registration Application 2012

Camp cost per camper:\$195- per ORIGINAL registration in any one session.
(Ages 6-14 years old) \$165- per each additional session.
\$165- per each additional sibling per session

Camp cost per Mighty Tike:\$130-per Tike per session (full day: 8:30 am - 3:15 pm)
(Ages 4 and 5 years old) \$105-per Tike per session (1/2 day: 8:30 am -1:00 pm)

Team & Group Rates: *See details in camp brochure*

C.I.T. Program:.....*See details in camp brochure*

Non-refundable: A deposit of \$50 per session is required with this application.
Deposit Due: A confirmation letter will be sent to you indicating the session(s) you have been accepted. Balance will be due June 10, 2012.

EARLY BIRD SPECIAL, all applications post marked on or before May 1st 2012 will receive a **\$25 discount on original application only.**

(Discount does not apply to Mighty Tikes, Team, additional siblings or additional sessions attending.) We will be accepting applications up to the first day of camp, if the session has not been closed out. There will be a late fee charge for all applications received less than 3 weeks prior to the start of that session.

It is understood that The Brighton Soccer Camp is not responsible for accidents resulting in medical, dental, or other expenses. In the event a camper needs to see a physician or requires emergency hospital care, the parent's/guardian's personal medical insurance is responsible for all costs incurred. A medical form to verify each camper's good health will accompany your confirmation letter and must be filled out completely and returned by May 10, 2012 with any balance due for camp fees.

Signature of Parent/Guardian

Date

PLEASE NOTE: There will be a \$5.00 late charge for deposits and balances postmarked after June 1, 2012

Make deposit payable to: Brighton Central Schools
Continuing Education
2035 Monroe Ave.
Rochester, NY 14618

Your balance, medical and pick-up forms should be mailed to: The Brighton Soccer Camp
229 Buckland Ave.
Rochester, NY 14618

(Please find an envelope enclosed for your convenience.)

Last Name _____

Address _____

City _____ State _____ Zip _____

Phone H _____ W _____ C _____ Email _____

How did you hear about the Brighton Soccer Camp? _____

Did you attend The Brighton Soccer Camp last year? Y ___ N ___

	SESSION 1 June 25-June 29	NO CAMP - HOLIDAY BREAK	SESSION 2 July 9-13	SESSION 3 July 16-20	SESSION 4 July 23- July 27
Camper's Name	_____		_____	_____	_____
Sibling's Name	_____		_____	_____	_____
Sibling's Name	_____		_____	_____	_____
Mighty Tike	_____		_____	_____	_____
Team Camp	_____		_____	_____	_____
C.I.T. Program	_____		_____	_____	_____

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CAMPER'S NAME	AGE	SEX M/F	SHIRT SIZE (circle) Youth/Adult - S,M,L,XL	EXPERIENCE TRAVEL, HOUSE, NONE
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