

**Premier Soccer Academy for Girls, LLC**

PO Box 10906 ~ Blacksburg, VA 24062

540-231-6423 or 540-231-6660

**2008 APPLICATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s) name: \_\_\_\_\_ Email: \_\_\_\_\_ Grade fall '07: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Other) \_\_\_\_\_

Position: (Circle one) Field or GK T-shirt size: YS YM YL AS AM AL Roommate request (1 name): \_\_\_\_\_

**CHECK SESSION:**

<input type="checkbox"/> Day Camp	Ages 5-12	June 16-20	\$125
<input type="checkbox"/> Advanced – Border	Ages 10-18	July 9-13	\$525
<input type="checkbox"/> Advanced – Commuter	Ages 10-18	July 9-13	\$450
<input type="checkbox"/> Elite 125 – Border	HS ages only!	July 13-17	\$550
<input type="checkbox"/> Elite 125 – Commuter	HS ages only!	July 13-17	\$475

**Please return check and application to:**

Make checks payable to:  
Premier Soccer Academy for Girls, LLC  
PO Box 10906  
Blacksburg, VA 24062

**CAMP BALL (Size 5 ONLY!):**

- I will purchase the VT camp ball (\$25)
- I will bring my own ball

**EXTRA T-SHIRT (\$13 each):**

- I will purchase \_\_\_\_\_ extra t-shirt(s)  
YS YM YL AS AM AL AXL AXXL

**ATTENDING AS A TEAM:**

If you are attending with a team of at least 13 players, all applications must be submitted TOGETHER to receive the \$25 per player discount. Please also call to ensure that there is space available prior to submitting forms. Please indicate the exact team name and age group below:

Name of team: \_\_\_\_\_ Age group: \_\_\_\_\_

Office use only: Payment Received: \_\_\_\_\_ Balance Due: \_\_\_\_\_ Date: \_\_\_\_\_ Code: I

**For Immediate Confirmation REGISTER ONLINE!**

[www.vtsocccercamp.com](http://www.vtsocccercamp.com)