

Michigan Goalkeeper Academy Registration Form



Name		
Address		
City	StateZip	<u> </u>
Phone (H)	(W)	
School	Club Team	
Birth date	Age	Sex
Email		
T-Shirt Size (Adult) S	M L XL (Please Circle One)	
Date	Location	Fee
July 5-9	Bicentennial Park (Livonia)	\$200.00
☐ July 12-16	Hurley Field (Berkley)	\$200.00
July 19-23	Borden Park (Rochester)	\$200.00
July 26-30	Borden Park (Rochester)	\$200.00
<u>PLEA</u>	ASE ARRIVE EARLY FOR FIRST DAY REGISTRATI	<u>ON</u>
	NDABLE DEPOSIT OF \$50.00 IS REQUIRED APPLICATION. PLEASE MAKE CHECKS PAYABLE TO MARK HAMILTON E OF PAYMENT DUE ON FIRST DAY O	
the camp assumes responsibile. My parent or guardian author	CHIGAN GOALKEEPER ACADEMY, the director, nor a clity for accidents nor any other injuries incurred as a result prizes the director of the camp to act in his best judgment in tand that applicants are required to have health/accident in	of attendance at this camp. n any emergency requiring
Applicant's signature		
Parent or Guardian's signatur	·e	
Health and Accident Insurance	ce Company	
Policy #		