



2011 Winter ID Camp Registration Form

February 19 - 20, 2011

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Age: _____ DOB: _____ Parent(s)/Guardian: _____

Mobile Phone: _____ Work Phone: _____ Email: _____

High School: _____ Graduation Year: _____ Club Team: _____

Club Coach: _____ Club Coach Phone: _____

Health Insurance Information

Carrier Name: _____ Policy Number _____

Policy Holder Name: _____ Policy Holder Date of Birth ____/____/____

Emergency Contact Name: _____ Emergency Phone: _____

Payment Information

Cost: \$95 (*includes Lunch and Dinner on Saturday and Men's Basketball Ticket*)

Registration and Full Payment Deadline: February 9, 2011

Make Checks Payable to "**Soccer Mania**"

Send **Registration Form and Check** to:

Dean Short
Men's Soccer Office
Liberty University
1971 University Blvd
Lynchburg, VA 24502