



**EDDIE SOTO'S USF SOCCER ACADEMY CAMP REGISTRATION FORM**

FIRST NAME:

LAST NAME:

DOB/AGE:

CLUB TEAM:

ADDRESS:

CITY:

STATE:

ZIP:

PARENTS NAME:

PARENTS EMAIL:

PARENTS PHONE:

EMERGENCY CONTACT:

**PREFERRED CAMP PLEASE CIRCLE ONE:**

\*High School Winter ID Camp    \*Day Camp 1    \*Day Camp 2    \*Day Camp 3    \*Day Camp 4

\*ID Residential Camp-Commuter    \*ID Residential Camp-Residential

**PAYMENT INFORMATION**

You may pay by cash or check (payment with a credit card is available for online registration only). If paying with a check, it must be made payable to Eddie Soto. Please send the Registration Form, Waiver of Liability, and payment to the following address:

San Francisco Athletics  
Attn: Eddie Soto  
2130 Fulton Street  
San Francisco, CA 94117