



2012 Summer Youth Camp Registration Form

Player Name: _____

Parent's Name: _____

Address: _____

Phone Number: _____

E-mail: _____

Summer Youth Camps run Monday thru Friday from 9:00am – 3:00pm. The cost per player for a weeklong camp is \$195.00. Pack your child a lunch, snacks & water/drinks.

Sorry, no prorates permitted. No cancellations accepted less than 30 days prior to the start of the Camp you selected.

Please select the camp(s) your child wishes to attend:

Camp #1 (ages 6 – 10): June 25 – June 29 _____

Camp #2 (ages 9 – 13): July 9 – July 13 _____

Camp #3 (ages 6 – 10): July 23 – July 27 _____

Camp #4 (ages 9 – 13): August 6 – August 10 _____

Portland Futsal Camp Registration & Payment Policy

All parents who register their children for Portland Futsal Camps are required to sign this financial agreement and pay by the first Camp date. Should you withdraw your child less than 30 days prior to start of Camp, you will still be charged the full Camp fee (\$195.00) for that particular week.

I understand and agree to comply with Portland Futsal's Registration & Payment Policy.

Signature: _____ **Date:** _____

Please drop off completed registration form with signature acknowledging Portland Futsal's Registration & Payment Policy and check payable to Portland Futsal (slide under front door in envelope 24/7) or mail to:

**Portland Futsal
Attn: Paul Lomanto
2503 SE 49th Ave
Portland, OR 97206**