



"DEDICATED TO FAMILY, BUILT ON TRADITION, COMMITTED TO EXCELLENCE"

Eclipse Select Soccer Club, Inc. 872 S. Milwaukee Avenue #260 Libertyville, Illinois 60048

# ECLIPSE SELECT SUMMER CAMP 2010- Registration Form

Please fill out the following and mail along with payment to:

Michael Wiggins, Director  
PO BOX 515  
Hinsdale, IL 60522  
Attn: Eclipse Select Camp

REMINDER: Please print and complete Medical Release Camp Form found at [www.eclipseselect.org](http://www.eclipseselect.org)  
Found in left tab "Programs < Camps" or top tab "Forms"

\_\_\_\_\_ / / \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
 Player's Name Age Date of Birth Gender

\_\_\_\_\_ ( ) \_\_\_\_\_  
 Home Address (Street, City, State, Zip Code) Phone Number

\_\_\_\_\_ \_\_\_\_\_  
 Parent/Guardian Name(s) Email Address(es)

## Please select session:

<b>Session I</b> Tinley Park HOWE Center June 14-18 (1-4 pm) Cost: \$150	<b>Session II</b> Geneva Good Templar Park June 21-25 (1-4 pm) Cost: \$150	<b>Session III</b> Naperville Washington Junior High July 12-16 (1-4 pm) Cost: \$150	<b>Session IV</b> Grayslake Alleghany Park Fields July 26-30 (8-11 am) Cost: \$150	<b>Session V</b> Oak Brook Sportscore Fields July 26-30 (1-4 pm) Cost: \$150
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\_\_\_\_\_ SESSION I    \_\_\_\_\_ SESSION II    \_\_\_\_\_ SESSION III    \_\_\_\_\_ SESSION IV    \_\_\_\_\_ SESSION V

## Checklist of items to mail to Michael Wiggins (At least one week prior to camp start date):

- \_\_\_\_\_ Registration portion of this form
- \_\_\_\_\_ Total Fee (Please make checks payable to Eclipse Select Soccer Club)
- \_\_\_\_\_ All participants must send a completed Medical Release Form ([www.eclipseselect.org](http://www.eclipseselect.org))

