



<i>Internal Use Only</i>	
Player ID	_____
Fee	_____
Cash	_____
Check	_____

Age Group: Boy Girl

2010 Cougars-IYSA-Coerver
www.vhcyaa.org
Soccer Camp July 26-29

Last Name

First Name

Parent Name #1

Parent Name #2

PLAYER RESIDES WITH: ___ Parent #1 ___ Parent #2 ___ Both

Address

City

ZIP Code

Home Telephone No.

Cell Phone # 1

Mom

Cell Phone # 2

Dad

E-mail Address # 1

E-mail Address # 2

Medical Comments: _____

Parent/Guardian Signature: _____

Date: _____

- FEE:
- \$90 4-6 years old. Session A or B (select one)
 - \$150 7 years and older

Check made out to VHCYAA
 Mail to VHCYAA
 PO Box 5006
 Vernon Hills, IL 60061