



WMYSA Camp Registration Form

**Please register and pay in advance so the proper number of coaches can be arranged.*

Player Name: _____

Age & Birth Date: _____ & _____

Street Address: _____

City: _____

State, Zip Code: _____

Parent eMail: _____
(if available)

Camp Location: Rockey Weed Soccer Complex
Camp Dates: August 9-12 (Rain make-up date on the 13th)
Camp Times: Each day from 9am – 12 noon
Camp Instructors: Soccerzone staff

Send registration with \$30 fee to:
Jen Koeppe
WMYSA Camp
1734 El Dorado Drive,
Stevensville, MI 49127.

*Please make checks payable to: SW Michigan Select
**For questions contact Jen at twinstar2675@yahoo.com

By signing below, I approve for my child to participate in the WMYSA Camp

Parent Name: _____

Parent Signature: _____