



**2010 UC Santa Cruz Women's Soccer
Player Identification Clinic
Application – September 25-26, 2010**

Camper Name: _____ D.O.B. _____ Age _____
Parent Name: _____ Grad Year _____ GPA _____
Street: _____ City: _____ State: _____
Zip: _____ E-Mail: _____
Phone # (____) _____ Foot: R-footed L-footed Both
Emergency Phone #: (____) _____
Pos: GK LB CB RB Dmid Lmid Amid Rmid Lwing CF Rwing

Clinic Fee: \$125 – 3 sessions / \$75 – 1 session / \$95 – 2 sessions

Amount Enclosed: \$ _____ Check # _____ Make Checks payable to UC Regents
Due to the short notice of this event, please email your form to wmsoccer@ucsc.edu, or fax it to 831-459-4070, so we may prepare for the day. Bring your check or cash to check in on the day of the event. Check Return Policy: If your check is returned for insufficient funds there will be an additional \$25 charge. **Cancellation Policy:** If for any reason you need to cancel your reservation within 30 days prior to the start of the camp, you have a choice of receiving a full refund, less a \$35 administrative fee, or a camp/tournament credit for the full amount that you paid.

September 25-26th, 2010 – Advanced Player Development Clinic Schedule

9/25/10:

2 pm - 2:45 pm – check in at Lower East Remote Field (Game Field)

3 pm – 5:30 pm – Clinic Session #1 (Saturday)

9/26/10:

9 am – 11:30 am – Clinic Session #2 (Sunday)

11:30 am 12:30 pm – Lunch on the field

12:30 pm – 1:30 pm -- Tour of Campus

2:30 pm – 5 pm – Clinic Session #3 (Sunday)

MAIL WITH PAYMENT TO: Fax: 831-459-4070

UCSC Women's Soccer

Intercollegiate Athletics – OPERS/East Field House

1156 High Street

Santa Cruz, Ca 95064