



**UC Santa Cruz Women's Soccer
Player Identification Clinic Application
April 13, 14, 15, 2012 (Friday – Sunday)**

Player 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 / \$95 – 2 sessions / \$75 – 1 session

Circle & indicate sessions you will attend: _____
Player's T-shirt Size: _____

Amount Enclosed: \$ _____ Check # _____ Make Checks payable to UC REGENTS

Please email your form to wmsoccer@ucsc.edu, fax it to 831-459-4070, or mail application materials to the address below. 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.

February 10, 11, 12, 2012 - Advanced Player Development Clinic Schedule

Check-in – FRIDAY 4/13/12 OPERS SOCCER OFFICE 10AM / CLASS VISITS
Field Session #1 – FRIDAY 2-4:30PM
Field Session #2 – SATURDAY 9 AM – 11:30 AM
Lunch / Tour: 12PM - 1:30 PM
Field Session #3 – SUNDAY 9-11:30 AM

MAIL WITH CHECK PAYMENT TO UC REGENTS: Fax: 831-459-4070
UCSC Women's Soccer / Intercollegiate Athletics / OPERS/East Field House
1156 High Street
Santa Cruz, Ca 95064