



**UC Santa Cruz Women's Soccer  
Player Identification Clinic Application  
February 10, 11, 12, 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](mailto: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 2/10/12 OPERS SOCCER OFFICE 10AM / CLASS VISITS  
Field Session #1 – FRIDAY 2-4:30PM  
Field Session #2 – SATURDAY 8 AM – 10:30 AM  
Lunch / Tour: 11AM - 12:30 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