



English Soccer Experience Residential and Day Soccer Camps, 2025, NAU, Flagstaff

Please fill out the following information and return with a check to: English Soccer Experience, PO Box 71908, Phoenix, AZ 85050

Name of Player _____ Gender _____ Age at camp _____ DOB _____
Street _____ City _____ Zip _____
Mom name _____ Dad name _____
Mom cell _____ Dad cell _____
Mom email _____ Dad email _____
Name of group (if any) _____ Room-mate _____
T-shirt size _____

Step One: Choose your Week

Week 1: June 1-7 ___ Week 2: June 8-14 ___ Week 3: Jun 15-21 ___
Week 4: Jun 22-28 ___ Week 5: Jul 6-12 ___ Week 6: Jul 13-19 ___
Week 7: Jul 20-26 ___

2024 prices will remain in effect until Jan 1st, 2025

Step Two: Choose your Program

(Detailed program information is on our website www.englishsoccer.com)

Residential Programs:

Pro Goalkeeping Program \$850 (Sun-Sat) ___

Pro Shooting Program \$850 (Sun-Sat) ___

Select Program \$750 (Sun-Fri) ___

Half Week Program \$495 (Sun-Wed) ___

Half Week Program with Shooting or Goalkeeping \$550 (Sun-Wed) ___

Day Campers (non-residential programs):

Full Week Day Program \$375 (Sun-Sat) ____

Full Week Day Program with Shooting or Goalkeeping \$450 (Sun-Sat) ____

Half Week Day Program \$275 (Sun-Weds) ____

Half Week Day Program with Shooting or Goalkeeping \$350 (Sun-Weds) ____

Number of Private Lessons (Available all weeks): One (\$60) ____ Two (\$100) ____ Three (\$120) ____

Total amount _____ **\$150 deposit enclosed** _____ **Balance owed** _____
(The balance must be paid 4 weeks prior to the start of the camp)

I certify that my child _____ is in good health and may participate in all activities related to the soccer camp. I am aware that soccer is a physically challenging contact sport in which injuries do occur as a natural part of the game. I have read and completed the Medical Release form. I agree to hold the English Soccer Experience Inc, its agents, contractors harmless from all injuries sustained to my child during participation in camp. I grant permission for my child to receive emergency medical treatment if required. Permission is granted to English Soccer Experience to use any photographs or video footage of my child in any promotional literature.

Refunds: the \$150 deposit is non-refundable. Once the balance is paid there are no refunds. A camp credit will be given that can be used at any time during the 2025 or 2026 camp season. There is no refund for any player who has to leave camp early for whatever reason.

My child and I have read and understand the 2025 Rules for Campers (please initial) _____

Please list any medical conditions and allergies

I understand the refund policy (please initial) _____

Print Name _____ **Sign** _____ **Date** _____

**All relevant Camp Info can be found on the FAQ page on our website:
www.englishsoccer.com**

(Program descriptions, location, schedule, player rules, medical release form, what to bring, check-in times, checkout times, etc.)

**If you have any questions about camp please do not hesitate to contact
Andy Ward @ 480.310.3554 or andy@englishsoccer.com**

ESE USE ONLY: DR _____ **AR** _____ **CON** _____