

**The 13<sup>th</sup> Annual Tom Anagnost Soccer Camp**  
**July 12-16**

[www.tomanagnostsocccercamp.com](http://www.tomanagnostsocccercamp.com)

**Registration Application**

Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_ Zip\_\_\_\_\_

Date of Birth\_\_\_\_\_ Age in July 2010\_\_\_\_\_

Male    Female    Day Camp    High School Camp/  
Goal Keeper Camp

Youth T-Shirt Sizes:    S    M    L    XL

Adult T-Shirt Sizes:    S    M    L    XL

Telephone #\_\_\_\_\_

School/Team\_\_\_\_\_ Position\_\_\_\_\_

Please send me \_\_\_\_\_ additional brochures

\*Please note if you want to be put with another camper

Send application & signed parental waiver with payment in full.

Please make checks payable to:

**Tom Anagnost Soccer Camp, LLC**

15 Woodshire Dr.

Freeland, MI 48623