

Indiana Invaders Summer Soccer Camp

Player Application Form

Name of Player: _____

Age: _____ Current Team: _____

Address: _____

Parent Contact:

Name: _____

Phone Number(s): _____

Email: _____

Does the player have any siblings attending the camp? Yes No

Names:

Check amount: _____ Check Number: _____

Please mail to: Indiana Invaders Camp, 55200 Pine Road, South Bend, IN 46628

Please also fill out and send the medical release form.