

GREAT WESTERN FUTURES SUPER CAMP 2010 TRYOUT CAMP APPLICATION

(Please PRINT Clearly)

PLAYER INFORMATION

Player Full Name		Home Phone ()	
Home Address			
City/State/Postal Code			
Player Email		Parent Email	
Player Date of Birth	Current Age	Height	Weight
Place of Birth	Citizenship (check one)	USA	Canadian Other (Specify)
Position	Shoots (check one)	LEFT	RIGHT 2009/2010 Team

Yes, I will be attending the Great Western Futures Super Camp

- \$425.00 Fee is enclosed.
- Please pay with credit card, check, or money order!
- Make checks payable to GWFSC
- A refund of \$325.00 will be paid up to May 1, 2010 if necessary.
- After May 1, 2010 no refund will be given.

<p>Method of Payment: <i>(Please Print Clearly)</i></p> <p>Check # _____ Money Order</p> <p>VISA Mastercard</p> <p>Card Holder Name _____</p> <p>Card # _____</p> <p>Exp. Date _____ Amt. to Charge \$ _____</p>	<p>RETURN APPLICATION TO Great Western Futures Super Camp (GWFSC) P.O. Box # 316 Elkhorn, Nebraska 68022</p>
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RELEASE OF LIABILITY

GREAT WESTERN FUTURES SUPER CAMP 2010

In addition to the registration form above, Great Western Futures Super Camp requires all players to complete the medical insurance information listed below.

Policy Holder Name	Relationship to Athlete
Carrier Name	Group/Policy #
Address	
City/State/Postal Code	
By signing this Release, you release the Great Western Futures Camp and its coaches and supporting staff for any injury during any games or practices at this camp.	
Parent's Signature (Required) _____	Date _____
Player's Signature (Required) _____	Date _____