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eattle View Ridge		July 11-15	9am-4pm Full Day	Seattle Greenlake		August 22-26	· · · · · · · · · · · · · · · · · · ·
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eattle University		July 18-22	9am-12pm	Seattle Greenlake		<u>i – × – – – – – – – – – – – – – – – – – </u>	9am-4pm Full
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FIVE NIGH	T RESIDENT CAMP -	- Camp Waskowitz,	z, North Bend Rate includes camp t-shirt &soccer ball.			
1 child \$695.00	Same Family - 2nd child \$685.00	Team Rate: \$685.00	00			
JR ADVANCED (9-12 YEARS)		ADVANCED (13-17 YEARS)			
Five Night Camp	July 10-15 🔲 Goal Keeper	J Field Player	Five Night Camp July 10-15 🔲 Goal Keeper 🗇 Field Player			
Roomate Request: 1st Choice: 2nd Choice:						
SIX NIGHT RESIDENT CAMP - Camp Waskowitz, North Bend Rate includes camp t-shirt & soccer ball.						
1 child \$825.00	Same Family - 2nd child \$805.00	Team Rate: \$805.00	00			

JR ADVANCED (9-12 YEARS)				
	Six Night Camp	Aug. 7-13	Goal Keeper	Field Player

U						
	ADVANCED (13-17	7 YEARS)				
	Six Night Camp	Aug. 7-13	🗇 Goal Keeper 🗇 Field Player			

Roomate Request: 1st Choice:

2nd Choice:_

	PA	YMENT INFORMATIO	N	
TOTAL CAMP FEES \$	·	Payment Type:	🖵 Check	🗅 Visa 🗅 Mastercard
Credit Card#		E	k. Date___	_
NAME ON CREDIT CARD:		Signature:		
my child as may be performed or prescribe mer Soccer Camp, LLC, and certify that my consideration of the instruction my child w ees or representatives from any injuries, lia and participation in any camp activity supe attendance and participation in any camp injuries. Finally, I understand that the camp	d by a treating physician until I ca child is physically fit to participate ill receive regarding soccer, I agre bilities, claims, damages, costs or e ervised by Peter Fewing Summer S activity supervised by Peter Fewin o retains the right to use photogra	In be notified. I further understand the risks e in all camp activities and that he/she is cove to indemnify and hold harmless Peter Few expenses incurred by me, my child, or on be Soccer Camps, LLC. For such consideration, I ag Soccer Camps, LLC, and accept full respon aphs or videos taken of participants for adve	and hazards associated with rered by health or accident ii ring Soccer Camp, LLC, and a half of my child, arising from further release all claims hel sibility for the cost of all me rtising and publicity purpos	
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Chronic Medical Conditions (asthma, a	llergies):			
		P		
Please send my friend a brochure: Nar Address:	ıe:	Citv [.]	State	Zip:
		City	State	<i>Δ</i> ιμ
HOW DID YOU HEAR ABO	OUT THE PETER FEV	VING SOCCER CAMPS?		
Attended camp last year	D Summer camp trac	de show 🛛 Web/Internet	🗖 Yellow Pag	es 🗖 Coach
Friend	Brochure	Advertisement, w	hich one? 🛛 🗖 O	Other
 Email us at peterfewing@ please leave a message inc For cancellations 15 days camp and \$50 administrat For cancellations, for any refundable deposit for day towards a future Peter Few Changing Sessions-There 	peterfewingsoccercam cluding the camper's na prior or more to your c ion fee for each residen reason, 14 days or fewe camp and less a \$100 ving Soccer Camp throu is no charge to change	le in order for us to notify thos pp.com or call the office at 206 ame, parent's name and teleph amp session you will receive a nce camp. er prior to your camp session, y non-refundable deposit for res ugh the next calendar year. e sessions or camp locations, h given for no-shows or for leav	-547-4143. If you re none number. refund less \$20 ad you will receive a gi sidence camp. The g owever this is subje	each the answering machine, ministration fee for each day ift certificate less a \$40 non- gift certificate can be used ect to space availability.
FOR OFFICIAL USE ON				
Confirmation sent, Date	<u> </u>	🗖 Email 🛛 🗖 Mail	Faxed	

Mail or Email Form to: Peter Fewing Soccer Camp, LLC | P.O. Box 70371 | Seattle, WA 98127 (206) 547-4143 • (888) 547-4143 • Email: peterfewing@peterfewingsoccercamp.com