



**TONY STEVENS  
SUPREME  
SOCCER**  
SUPREMESOCCER.COM

**SUPREME SOCCER'S 2016  
ELITE INVITATIONAL SOCCER CAMP**

**For the ultra-serious player**

**JULY 4th – 8th**

**at**

**St Joseph's School**

**Seacrest Blvd Boynton Beach**

**Co-Ed Ages 10 – 18+ Years**

**Phone: 561-859-5040 E-mail: [SupremeSoccer1@gmail.com](mailto:SupremeSoccer1@gmail.com)**

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**APPLICATION for SUPREME SOCCER'S ELITE INVITATIONAL  
SOCCER CAMP 2016**

**July 4 – 8, 2016 at St Joseph's School, Seacrest Blvd. Boynton Beach**

NAME \_\_\_\_\_ M/F \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

Name of school and club teams \_\_\_\_\_

T-SHIRT SIZE (Please circle one) YL AS AM AL AXL

EMERGENCY PHONE NUMBER AND CONTACT \_\_\_\_\_

**TUITION FEE: \$370**

A NONREFUNDABLE deposit of **\$150** must accompany this application with the balance due the first day of camp. Please make checks payable to: **Supreme Soccer LLC.**

Print form, fill out and mail to: **Tony Stevens, Supreme Soccer, PO Box 6061, Delray Beach, FL 33482**

**WAIVER AND RELEASE:** The above applicant is in good health and has my permission to participate in this camp. I grant permission for my son/daughter to be given emergency treatment by a local doctor, hospital or dentist & hereby waive and release said camp and St Joseph's Episcopal School from any and all liability for injuries or illness incurred while attending camp. Any participant may be dismissed from camp with absolutely no refund for inappropriate behavior, bad conduct or causing damage to St Joseph's School property/facility

Signed: \_\_\_\_\_ Parent or guardian. Date: \_\_\_\_\_