



Are your kids ready to play?

Discover how our unique **UK Elite Training Methodology** can put elite in your players feet!



Summer 2010
Bonneville Youth Soccer League

SOCCER CAMP

Day Camp 9-12pm **June 14—18**
 Ages: 5—11 **Boys and Girls**
 \$125 per player

SOCCER SCHOOL

Evening Camp 9-12pm **June 14—18**
 Ages: 12—18 **Boys and Girls**
 \$125 per player

LOCATION
 Community Park,
 Idaho Falls



Professional Soccer Coaches
 All players receive T shirt & Ball
 Player evaluation
 More information **UKElite.com**

I've got elite in my feet and I'm ready to play?

My son loved the program! He learned more "tricks" in one week than two years of soccer. I love how wonderful the staff were with all the children.

- Julie Wolfe WA

REGISTRATION

PARENT INFORMATION (Please print)

Name of Parent _____
 Street _____
 Town _____ State _____ Zip _____
 Home Phone (____) _____
 Cell/Work Phone (____) _____
 Email _____
 Emergency Contact _____
 Phone (____) _____

PLAYER / REGISTRATION INFORMATION: 2010

Place #	Code	Name / Last	Name/ First	D.O.B	Price \$
1					
2					
3					
4					
				Sub Total	
				Total	

PAYMENT INFORMATION:

Payment Method (Please Select) Check Mastercard Visa

Credit Card Number: _

Expires (mm/yy) ____ / ____

Signature _____ Date _____

CONFIRMATION:

a) Via email if address provided, OR b) by cancelled check or card statement

CREDIT POLICY:

A voucher for full program fee will be issued for any cancellation prior to program. No Cash refund.

WAIVER INFORMATION:

I certify that my child(ren) is/are in excellent health and are able to participate in physical activity including all sports. I agree to hold U.K.Elite Soccer Inc, its agents, employees and contractors harmless from any and all claims for injuries sustained during my child(ren)'s participation in the program. Permission is granted for my child to receive emergency medical treatment. Note: Please include relevant medical information in writing with this application.

Signed _____ Date _____

Mail registration to: U.K.Elite Soccer, Inc.
 14 S. Idaho St,
 Seattle WA 98134
 Tel: (206) 455 1855

Or Fax: (973) 631 - 8743
 When registering by fax, do not mail original.
 Federal Tax ID# 22-3197693

For office use only

Rec'd	Chk#/Auth	Comp
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