

# Vision Training Soccer Camps Application

APPLY ONLINE AT [WWW.SEEINGTHEFIELD.COM](http://WWW.SEEINGTHEFIELD.COM) or complete and fax or mail the application below.

Please complete and return to:  
**Vision Training™ Soccer Camps**  
1250 Schadt Avenue  
Whitehall, PA 18052  
(610) 704 8004  
E-Mail: [visiontraining@rcn.com](mailto:visiontraining@rcn.com)  
<http://www.seeingthefield.com>

FAX your application to (610) 820-3974

Individual Application  Team Application (minimum 10 players): **MUST BE SENT IN TOGETHER.**

Camper's Name \_\_\_\_\_ M  F Name of Team \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age during camp \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ e-mail \_\_\_\_\_  
Shirt Size: **Youth** M L **Adult** S M L XL Soccer Ball: size #4 #5 Ins. Co. Policy# \_\_\_\_\_  
Name of Father \_\_\_\_\_ cell ( ) \_\_\_\_\_ - \_\_\_\_\_  
Name of Mother \_\_\_\_\_ cell ( ) \_\_\_\_\_ - \_\_\_\_\_  
Emerg. Contact \_\_\_\_\_ Emerg. Contact Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
I Learned About Camp Through \_\_\_\_\_

A non-refundable \$100 deposit for Hanover Twsp. or a non-refundable \$175 deposit for East Stroudsburg University is required with application. Make checks payable to: **Vision Training**. If paying by credit card, the full tuition will be charged. Please allow two weeks for processing.

Place a checkmark next to the week you will attend. **REGISTER EARLY! ENROLLMENT IS LIMITED.**

**ESU Field Player:** July 26–30  Resident \$450  Extended Day (9a.m.–8p.m.) \$350  Day (9a.m.–4:30p.m.) \$250

**ESU Goal Keeper:** July 26–30  Resident \$475  Extended Day (9a.m.–8p.m.) \$375  Day (9a.m.–4:30p.m.) \$275

**Hanover Field Player** (Bethlehem, PA): July 20–24  Day Camper (9:00a.m.–4:00p.m.) \$230

**Hanover Goal Keeper** (Bethlehem, PA): July 20–24  Day Camper (9:00a.m.–4:00p.m.) \$245

Preferred Roommate (ESU CAMP) **PLEASE NOTE that ALL rooms are DOUBLES** \_\_\_\_\_

## OPTIONS:

**Field Player Elite Package (\$75)**

**Goal Keeper Elite Package (\$85)**

**Convenience Package ESU (\$60)**

**Late Pickup (\$15)**

**Airport Transportation LVI (\$40)**

**Airport Transportation Newark (\$60)**

**Vision Training <sup>SM</sup> DVD (\$30)**

**Vision Training <sup>SM</sup> Manual (\$15)**

**Field Player Instructional Video (\$20)**

**Goalkeeping Instructional Video (\$30)**

**Water bottle (\$5)**

\$ \_\_\_\_\_ Tuition Amount

\$ \_\_\_\_\_ Options

\$ \_\_\_\_\_ Subtotal

\$ \_\_\_\_\_ Less Camp Deposit: \$100.00 Hanover Twsp. \$175.00 East Stroudsburg Univ.

**Payment in Full:** Credit Card payments will be charged in full.

\$ \_\_\_\_\_ Balance

The above named camper has been granted permission to attend and participate in all activities at the **Vision Training™ Soccer Camp**. In exchange for the privilege of participating in these activities, I waive any legal claim against those associated with these camp activities in the event of injury while participating in these activities and/or traveling to and from the same.

Name, parent/guardian \_\_\_\_\_ Signature \_\_\_\_\_

Additional Applications Are Available On Request Or You May Copy This Application Form.

If Payment Is Made By Charge Card Please Fill In.

Charge To My: Visa or MasterCard

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sec # \_\_\_\_\_

Signature \_\_\_\_\_

Telephone (Daytime) ( ) \_\_\_\_\_ - \_\_\_\_\_

## For Office Use Only:

Amt. \_\_\_\_\_ Check# \_\_\_\_\_ Date \_\_\_\_\_ Dis. \_\_\_\_\_

Bal. \_\_\_\_\_ Check# \_\_\_\_\_ Date \_\_\_\_\_ Code \_\_\_\_\_

Please Send A **Vision Training Soccer Camp Brochure** To My Friend:

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

email address \_\_\_\_\_