



Elite 125 Information Form



PLEASE TYPE ONTO THE FORM, PRINT IT AND MAIL IN TO THE CAMP ADDRESS WITH YOUR MEDICAL FORMS AND LETTER OF RECOMMENDATION. **NOTE - INFORMATION WILL NOT BE SAVED, SO ENSURE THAT THE FORM PRINTS ACCURATELY BEFORE CLOSING.**

Full Name: _____ H.S. Grad Year: _____
Primary Position: _____ Height: _____
Dominant Foot: _____ Weight: _____

PERSONAL INFORMATION

Home Address: _____
City: _____ State: _____ Zip: _____
Primary Email: _____ Home Phone: _____
Secondary Email: _____ Mobile Phone: _____
Parent(s) Name(s): _____ Parent Phone: _____
Parent Email: _____

ACADEMIC INFORMATION

High School: _____
City: _____ State: _____ Zip: _____
GPA: _____ SAT/PSAT: _____
Guidance Counselor: _____ Email: _____
Academic Honors: _____
Extracurricular Activities: _____
Prob. Course of Study: _____

SOCCER INFORMATION

Club/Academy Team: _____ Coach(es): _____
Coach Email: _____ Phone: _____
ODP Team: _____ Coach(es): _____
Coach Contact Info: _____
Region/Nat'l Team Info: _____
High School Coach: _____ Contact Info: _____
Soccer Achievements: _____
Previous Team info: _____