

The Application

Name: _____ Age: ____ Grade: ____

Address: _____

City _____ State ____ Zip _____

Home Phone _____ Cell Phone _____

Uniform Size _____

Sweat Suit Size _____

E-Mail _____

How did you hear about Project 40 ? _____

Tuition & Payment

To reserve one of the forty spots for your child, we will require a \$365.00 non refundable deposit. At the beginning of each semester, the balance for the semester will be due.

Deposit	\$365.00	Due with application
Semester A	\$790.00	Due Friday August 10, 2007
Semester B	\$790.00	Due Friday January 10, 2008

If you need to work out a different pay cycle, please call the Academy Office: (813) 315-6485 or E-Mail: gkiefer@admin.usf.edu

Credit Card Payment *

(Credit card payments may be faxed to 1-888-365-4466)

Please Circle: MC Visa Amex Discover

Credit Card # _____

Name on Card _____

Expiration Date ____ / ____ Zip _____

Signature _____

*Please note for credit card payments their will be a 2.5% processing fee added to each payment

Additional Information

If you are one of the first 40 to register, you will be mailed a confirmation packet confirming your acceptance. If you are not one of the first 40 into the program your deposit will be refunded to you within days.

Refund Policy

Because of the restrictions on the amount of players there will be no refunds once your son is admitted into the program.

Medical/Insurance Policy

Success In Soccer Camps, Inc. provides secondary accident/medical insurance.

Please make all checks payable to

Success in Soccer Camps, Inc.

University of South Florida
4202 E. Fowler Ave., ATH100, Tampa, FL 33620
Attn: George Kiefer/Project 40

www.usfsoccercamps.com/project40.html