

Coastal Georgia Soccer Association

Dek Smith
Director of Coaching & Player Development
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CGSA Summer soccer programs 2004

Camp Registration Form

Player Name _____

Address _____

Home Telephone _____

Email _____

Requested Camp Number _____

Age and Team _____

Father name/cell _____

Mother name/cell _____

Emergency contact _____

Please send your reservation form and payment to:

Please Make Checks payable to Dek Smith/Summer Camps

Coastal Georgia soccer association
16 Medical arts center
Savannah GA, 31405