MINNESOTA THUNDER SOCCER CAMP
SCHOLARSHIP APPLICATION FORM

Thank you for your interest in Minnesota Thunder Soccer Camp. We want the Thunder's Soccer Camps to be available to all parents who desire a professional level soccer camp experience for their child. Families or individuals receiving scholarships will be required to volunteer at 2 Thunder home games during the season. Please fill out the application form and return to us at your earliest convenience. If you have any questions please call our office at (651) 917-8326.

Name of Participant: _____

Age:_____ Gender: _____ Date of Birth:___/___/____

Parent(s) First and Last Name:_____

Address:_____

City:_____ State: _____ Zip: _____

Home Phone:(___)_____Work/Cell Phone:(___)_____

Emergency Contact:_____ Phone:(___)_____

Email:_____ MYSA

Club Name: _____

MYSA Age Group: _____ MYSA Playing Level: _____

Returning Camper? Yes □ No □ Camp Location: _____

Please briefly describe your financial need: _____

_____

_____

_____

_____

_____

_____

_____ _____

Parent/Guardian Signature Date

Please send your application to:
Minnesota Thunder
Soccer Camp Scholarship
2124 W. University Ave.
St. Paul MN, 55114