

**McDavitt Sports, INC.  
2012 Application Form**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Emergency # \_\_\_\_\_

Parent/Guardian Cell # \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade Entering Fall, 2012 \_\_\_\_\_

School Name \_\_\_\_\_

**Please circle:**

**Years of Playing Experience:** Beginner    one    two    three    four+

**Highest level played:** Beginner    Junior High    Freshmen    JV    Varsity

**Position:**    Forward    Midfield    Defender    Goalkeeper

**Shirt Size:**    Small    Medium    Large    XL

**2012 Clinic Weeks**

**Session I:** \_\_\_\_\_ *McWeebles Beginner Clinic* (entering grades K – 5)  
July 23 – 26, 9:30 am – 11 am, \$50 with equipment/\$85 without equipment

**Session II:** \_\_\_\_\_ *Select Clinic* (Entering Grades 10 – Freshmen year of college,  
Varsity players only) July 27-29, 9 am – 1 pm, \$250

**Session III:** \_\_\_\_\_ *Weekend Clinic* (Entering Grades 5 – 12, all levels)  
August 11 & 12, 9 am - 3 pm, \$195

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Directions:** Please print, complete, include \$100 non-refundable deposit and mail the following form.  
Checks made payable to McDavitt Sports.

**Mail form to:** McDavitt Sports  
21 Mercer St #3  
S. Boston, MA 02127

**Questions:**  
christine.mcdavitt@tufts.edu  
617-627-3639