



Rwanda Play For Hope 2010

Rwanda 2010

For the past 9 years, we've provided a balanced training environment: both FUN and challenging, equipping players to reach their highest potential. Our coaching philosophy is simple; we treat the campers as if they are our own kids! Last summer, we "graduated" some kids who have been coming to camp every summer since we started back in 2001 - when they were 4 years old! Hope to see you at camp this summer!

- Dan and Erin Redwine

- **July 11-15, 2011**
- **July 18-22, 2011- JUST ADDED!**
- **August 1-5, 2011**

TIME: 10:00am - 12:00pm
AGE: 4 - 12 yrs old (grouped by age at camp)
LOCATION: Bellevue Christian High School
 1601 98th Ave NE Bellevue, WA 98004
FEE: \$150 (includes ball & t-shirt) * Part of your registration fee will support the Redwine's yearly trip with Play for Hope—reaching the street children of Rwanda.

ERIN REDWINE

- USSF "A" License
- Head Coach - Northwest University Women's Soccer (2005-Present)
- Head Coach - Crossfire Premier (2001-2007 & Present)
- Head Coach - Eastside FC (2007-2009)
- Player - Seattle Sounders (2003-2004, 2007 & Present)
- Captain of Seattle Pacific University's Inaugural Women's Team (2001)
- Player - University of Montana (1998-2000)

DAN REDWINE

- USSF "B" License
- Head Coach - Eastside FC (2007-2011)
- Head Coach - Crossfire Premier (2001-2008)
- Head Coach - Bellevue Christian Boy's Varsity (2003-2004)
- Player - Northwest University (1998-99&08)



Cancellation Policy: 7 days notice is required for a full refund, less a \$5.00 service fee. If you cancel within 6 days or less, you'll receive a credit towards any future Redwine Soccer Camps. Questions? erin@redwinesoccer.com

REGISTER ONLINE: WWW.REDWINESOCCER.COM OR MAIL TO: 1825 211TH CT. NE - SAMMAMISH, WA 98074

NAME:	AGE:	<input type="checkbox"/> July 11-15 10:00-12:00pm	<input type="checkbox"/> July 18-22 10:00-12:00pm	<input type="checkbox"/> August 1-5 10:00-12:00pm
NAME	AGE:	<input type="checkbox"/> July 11-15 10:00-12:00pm	<input type="checkbox"/> July 18-22 10:00-12:00pm	<input type="checkbox"/> August 1-5 10:00-12:00pm
PARENT/GAURDIAN NAME:			PHONE:	
EMAIL ADDRESS (only for private records):				
EMERGENCY CONTACT:			PHONE:	
MEDICAL CONDITIONS (use back if needed):			MEDICATIONS:	
MEDICAL INSURANCE CARRIER:			CARD HOLDER:	
ID #:	PHYSICIAN:	PHONE:		
I, (parent/legal/guardian), _____ authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician for (child's name), _____ if I cannot be reached in case of emergency. I understand Redwine Soccer LLC does not assume responsibility for any accidents, medical or dental, or any other expense incurred as a result of attendance at the camp. I hereby certify that the above named camper is physically fit to participate in all camp activities and is covered by health or accident insurance (required for camp attendance). Promotion and advertising: all pictures or video taken at camp may be used at the discretion of Redwine Soccer LLC. I also agree to the cancellation policy stated above.				
ADULT SIGNATURE:			DATE:	
OFFICE USE ONLY:	CAMP:	DATE RECEIVED:	AMOUNT PAID:	CHECK #:



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Erin playing for Sounder Women