



FLORIDA ELITE
SPRING TRAINING

Enrollment Application

1425 Hudson Street, Apt.3K, Hoboken, NJ 07030

(772) 519-0138 sportscamp@aol.com

FloridaEliteSpringTraining.com

School Name: _____

Head Coach's Name: _____ Athletic Director's Name: _____

School Address: _____

City: _____ State _____ Zip: _____

School Phone #: _____ Coach's Home #: _____

Cell Phone Number: _____ Email: _____

of Players: _____ # of Coaches: _____ Bus Driver(s): _____

Arrival Date: _____ Approximate Arrival Time: _____

Departure Date: _____ Approximate Departure Time: _____

Additional Nights (if any): _____

Division of Play (Colleges Only): _____

of Games Desired: _____

Preferred Hotel & Meal Package: _____

Signature: _____ Date: _____