



Must occur between 7:30AM – 10:00PM

Late Arrival Form Ray Reid Soccer School

My camper _____ will be arriving late for the Ray Reid
(Full Name)

Soccer School. He will be arriving on the following day at the following time:

Date: _____

Time Arriving: _____

Camp Session: _____

Parent/Guardian Cell Phone: _____

Parent/Guardian Email: _____

Camper Cell Phone: _____
(If Driving Himself)

Please check one of the following:

_____ I will be dropping my camper off.

_____ will be dropping my camper off.

_____ My camper will be driving himself.

Signature of Parent/Guardian

Date

*please email or fax this completed form to our camp office at info@rayreid.com or 860-674-1704

For Use By Camp Staff

Please leave blank

Dorm: _____ Room #: _____ Key #: _____

Group: _____ League: _____ Roommate: _____