



JOSSUE FUENTES FAMILY SOCCER BENEFIT

Coach Jossue Fuentes, has dedicated much of his life to the Florida soccer community. Now we have a chance to give back a little to him and his family as they attempt to overcome the devastation of his critical illness. Jossue remains on Life Support and his family needs our help.

Come Train with the Premier Soccer Trainers in Florida

'Pitu' Alvarez - - South Florida Elite

Eric Eichman - Boca United

Marc Miceli - Miami Kickers FC

Maurillio Martins - Brazilian Twisters

Hector Gonzales - Weston Fury

Doug Sunshine - Wellington Wave

Chris Sousa - Renegades

Eric Arbusow - Kicks Soccer

And many more top youth & pro coaches....



Jossue, dedicated to family, his players and the beautiful game of soccer

Saturday May 15th 9am –12pm

Ages: 9-17 Boys & Girls

Cost \$20

PLANTATION CENTRAL PARK

(9151 NW 2nd ST. PLANTATION, FL 33324)

Registration - 8:30 am

_____ **I would like to participate in the camp.**

_____ **I would like to donate to the Jossue Fuentes Family Trust.**

(Please fill out the waiver & application on the back)

For Information Call: 954-701-2415

Make checks payable to: Lidia Cuellas Fuentes

Mail all donations and Camp applications to: **Fuentes Family Fund**

3085 Sunset Lane

Margate FL, 33064



JOSSUE FUENTES FAMILY SOCCER BENEFIT

Application

Name
(First, Last) _____ Age _____

Address
_____ City _____ State _____ Zip _____

Date of Birth _____

Phone _____ Email: _____

Parent/Guardian: _____

- · Please make checks payable to: Lidia Cuellas Fuentes
- · Please sign waiver below & mail in application with check by May 8th
- · Each camper needs a signed application and waiver
- · Each camper needs to bring their own ball and water

May 15th – Plantation Central Park
9am-12pm- Registration at 8:30 - Cost \$20 per camper

Waiver Statement

Medical Coverage

All campers must have their own medical coverage. Campers will not be allowed to play unless this waiver is signed by the parent or guardian of the camper.

Statement of Disclaimer

I/We, the undersigned, hereby certify that I (we) am (are) the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek during the period of the camp appropriate medical attention for the camper and for the medical attention to be given and for the camper to receive medical attention in the event of accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment. I/We, the undersigned hereby acknowledge and understand that Jossue Fuentes Family Soccer Benefit is a privately run soccer camp and is not operated by or through South Florida Elite FC. The camp is neither sponsored, controlled nor supervised by South Florida Elite but rather is under the sole sponsorship, control and supervision of Jossue Fuentes Family Soccer Benefit.

Signature (Parent/Legal Guardian) _____ Date: _____

For Information Call: 954-701-2415

Mail Application & Donations to: Fuentes Family Fund
3085 Sunset Lane
Margate, FL 33063

Make Checks Payable to: Jossue Fuentes Fund

OFFICIAL USE ONLY
Check amount received _____ Date _____ Check # _____ Camp _____ Donation _____