

The Lacrosse Academy

209 East Elm Street Granville, OH 43023 (740) 587-1213

Camp Registration Application

Mail completed registration application to The Lacrosse Academy at the address listed above. Remember, your deposit, or full payment, must accompany this application to hold your place. Each participating camper must also submit a completed Medical Information Form and Waiver on the first day of camp.

Check Sess Virginia Boys: June 26 -29, 2017 □Day Camp \$285 □Shooting Clinic \$125		sion Attending DU 1: June 19-22, 2017 Overnight Camper \$535 Day Camper \$450 Goalie \$435		DU 2: July 10 – 13, 2017 Overnight Camper \$535 Day Camper \$450 Goalie \$435		
Please Print:						
Camper's Name (Last, First):		DOB:				
Street:		Grade Entering Next Fall:				
City:		State:		Zip:		
Home Phone:		US Lacrosse Member #:				
		US Lacrosse Expiration:				
School Attending (Full Name):						
Indicate desired position you want to play at camp. (Check Only One) ☐ Attack ☐ Midfield ☐ Defense ☐ LSM ☐ Goalie						
Player Experience: New 1 yr 2 yrs 3 yrs 4 yrs 5+ yrs						
Request for roommate: (All rooms double occupancy)		T-Shirt Size (Youth) L			L	
		(circle one size) (Adult) S M L X				L XL
Optional Team Fundraising Team Affiliation:						
Parent Info						
Parent 1 Name:		Parent 2 Name:				
Parent 1 Phone: ()		Parent 2 Phone: ()				
Parent 1 Email:		Parent 2 Email:				
Non-Parent Emergency Cont	act					
Name:		Phone:				
Enclosed is my Non-Refundable deposit of \$200 (required)		☐ Full payment (see above)				