



2010 CAMP REGISTRATION

First Name: _____ Last Name: _____

Age: _____ Team(s): _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Parent/Guardian: _____ Email: _____

Credit Card #: _____ Expiration: _____ Amount: _____
\$30 for members \$40 for non-members

Credit card information is only required if submitting a payment