



## 2010 CAMP REGISTRATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Team(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_ Amount: \_\_\_\_\_  
\$60 for members \$80 for non-members

*Credit card information is only required if submitting a payment*

### Please mark requested session

Ages 8 – 10    12:15 – 1:15 \_\_\_\_\_    2:45 – 3:45 \_\_\_\_\_

Ages 11 – 13    1:30 – 2:30 \_\_\_\_\_    4:00 – 5:00 \_\_\_\_\_