

REGISTRATION & APPLICATION

Camper's Last Name _____ **First Name** _____

Street Address _____ **City** _____

State _____ **Zip Code** _____

Email _____

Home Phone _____ **Mobile Phone** _____

Date of Birth _____ **Age** _____ **Sex** _____

How did you hear about STX Lacrosse Camps? _____

Camp Location _____ **Start Date** _____

- Overnight Extended Day Day
 Division I Division II Division III

Position _____

Roommate Request (Optional) _____

Person Paying _____

Address (If different) _____

Home Phone _____ **Mobile Phone** _____

- Visa MasterCard Check Enclosed
 Full Payment Deposit
 Please charge the balance of my camp fee to my credit card on May 15th

Credit Card Number _____ **Expiration Date** _____

I accept the conditions described in the brochure.

Signature _____

Please Mail to: **STX Lacrosse Camps**
182 6th Avenue
San Francisco, CA 94118