



Registration Form 2008

Name: .....

Date of Birth:.....

Entering grade in 9/08:.....

Street Address:.....

City/State/Zip:.....

Home Phone #:.....

Day Phone #: .....

Email (required):.....

Name of parent/guardian: .....

Parent/guardian cell phone (required):.....

Parent/guardian email (required): .....

Emergency Contact Number (required):

High school: .....

High school coach: .....

High school coach email address: .....

Club team: .....

Club coach: .....

Club coach email:.....

US Lacrosse #: .....

Roommate request (limit 1):.....

Favorite Music group/artist/song you like to hear when you play.....

.....



## Registration Form 2008 (cont.)

Position (circle): Attack Midfield Defense Goalie

Skill level (circle): Beginner Intermediate Advanced

Years of Experience:

Camp/s registering for (circle all that apply):

- College Training Camp, July 7-9th, Brown University, Providence, \$480 Commuter, \$515 Resident (\$150 Deposit Due to register)
- Fly By Night Skills Camp, Aug 11 – Aug 14, 5:30-8:15pm, Brown University, Providence, \$195 (\$100 deposit due to register)

Please print camper's name on the check and make it payable to Infinity Lacrosse Camps. Mail to:

Infinity Lacrosse Camps  
Box 2623  
Providence, RI 02906

Overnight fees include room, meals, instruction, reversible, t-shirt and water bottle. Day fees include instruction, reversible t-shirt and water bottle.

A confirmation packet will be sent to you upon receipt of payment. (You can also download a confirmation packet online from [www.infinitycamps.com](http://www.infinitycamps.com).)

Cancellation policy: All requests for cancellations must be sent in writing through email or fax. All monies will be refunded, except for a \$100 processing fee, provided cancellation arrives at least two weeks prior to the start of the camp. No refunds will be given less than two weeks before the start of the camp.

For additional information, visit us online at [www.infinitycamps.com](http://www.infinitycamps.com).