



CHRIST SCHOOL LACROSSE CAMP

Name: _____

Address: _____

City: _____

State: _____

Zip code: _____

Phone number: (____) _____ - _____

Email address: _____

Birth Date: __ / __ / _____

School: _____

Grade (Fall 2012): _____

Position: _____

Years Experience: _____

Jersey Size: S / M / L / XL / XXL

Roommate Request: _____

Transportation Needed: _____

Day Camper: _____

or

Boarder: _____

Mail application with check payable to "CHRIST SCHOOL" to:

Christ School Lacrosse Camp
Christ School
500 Christ School Road
Arden, NC 28704