



REVOLUTION LACROSSE CAMP

NAME: _____

ADDRESS: _____

CITY: _____

STATE: ____

ZIP CODE: _____

PHONE NUMBER: (____) ____ - _____

BIRTH DATE: __ / __ / _____

SCHOOL: _____

GRADE (FALL 2008): _____

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:

REVOLUTION LACROSSE CAMP
CHRIST SCHOOL
500 CHRIST SCHOOL ROAD
ARDEN, NC 28704