CARDINAL LACROSSE CAMP

2014 REGISTRATION FORM

Campers Last Name	Campers Fir	Campers First Name	
Address			
City	State	Zip	
Home Phone	Work/Cell	Email Address	
Date of Birth			
Emergency Contact Name	Relation	Phone	
Position	Beginner/Yrs Exp.	Youth T-Shirt Size	
Parent Signature		Date	
Please fill out and sign the reg	istration form and mail it to		
Coach Anne Fitts			
858 Triumphant Way			
Falling Waters, WV 25419			
301-606-6155			
AFittsSMHSLax@gmail.com			
Please include the registration	fee in check form, made out to Spr	ing Mills Lacrosse.	