

Generals Lacrosse Camp, LLC

Mon-Thurs, July 19-22, 2010

Contact & Insurance Information Form

CONTACT INFORMATION:

Camper's First Name: _____ Last Name _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____

Parents and Guardians: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Whom Should Generals Lacrosse Camp contact, if parents or guardians cannot be reached?:

Name: _____ Relation to camper: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

INSURANCE INFORMATION:

Name of Policy Holder: _____

Relationship to Camper: _____

Policy Holder's Birthdate: _____ SS# _____

Group/Employer: _____

Claim Office Address & Telephone: _____

Policy Number: _____ Group Number: _____

Insurance ID Number: _____

Policy Holder Signature: _____ Date: _____

****PLEASE INCLUDE A PHOTOCOPY OF THE FRONT AND BACK OF THE INSURANCE CARD****