

Generals Lacrosse Camp, LLC

Mon-Thurs, July 19-22, 2010

Camp Registration Form

Camper's First Name: _____ Last Name _____

Parent(s) or Guardian(s): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email: _____

Date of Birth: _____ Age _____ Position Played _____

Years Playing Lacrosse (as of start of camp): _____ School Grade Completed (as of start of camp): _____

School: _____ School City: _____ School State: _____

Camper Type (Check One): Overnight Camper Day Camper

Roommate Request (choose 1): _____

Payment Enclosed by Check (please indicate):

\$200.00 Non-Refundable Deposit (Required)

\$425.00 Overnight Camper Fee Paid In Full

\$325.00 Day Camper Fee Paid In Full

\$40.00 Transportation Fee to and from Roanoke Airport

NOTICE: A \$50.00 damage and key deposit will be required at check-in. This deposit is refundable (as long as the key is returned and the room is not damaged). **Please plan to write a separate check for this deposit at check-in.**

Three other forms are also required to complete your camp application (please indicate they are enclosed):

Physician's Medical Statement

Contact and Insurance Information Form and Photocopy of FRONT and BACK of Insurance Card

Medical Treatment Authorization and Waiver and Release

Please make checks payable to Generals Lacrosse Camp, LLC and mail payment as well as all 4 application documents to:

Generals Lacrosse Camp, LLC
Brooke Diamond
20 Beverly Ct, #4
Lexington, VA 24450

Questions? Please contact Camp Director, Brooke Diamond at 540-458-8668 or diamondb@wlu.edu