



CHRIST SCHOOL LACROSSE CAMP

Name: _____

Address: _____

City: _____

State: _____

Zip code: _____

Phone number: (____) _____ - _____

Email address: _____

Birth Date: __ / __ / _____

School: _____

Grade (Fall 2019): _____

Position: _____

Years Experience: _____

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

Roommate Request: _____

Transportation Needed: _____

Rental Gear Needed (At Additional Cost): _____

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