

JULacrosse.com Camps

Check one below (do not staple registration form to check):

- | | | |
|--|------------|-------|
| <input type="checkbox"/> Team Only Session Overnight | July 23-25 | \$355 |
| <input type="checkbox"/> Team Only Session Commuter | July 23-25 | \$265 |
| <input type="checkbox"/> Individual Session Overnight | July 28-31 | \$465 |
| <input type="checkbox"/> Individual Session Commuter | July 28-31 | \$350 |

To register with Credit Card visit www.julacrosse.com (Processing fees apply)

Personal Check #: _____

A non-refundable deposit of \$250 must accompany this mail-in application.

Final Balance is non-refundable within 30 days of Camp.

Make checks payable to MCC Sports, Inc.

Please Print Clearly

Name: _____

Street: _____

City, St: _____

Zip: _____ Phone #: _____

Camper Email: _____

Parent Email: _____

Age: _____ Class in 2011 (circle): 8th Fr. So. Jr. Sr. Coll.

Reversible Size: SMALL / MEDIUM / LARGE / X-LARGE

Position: _____

School: _____

Years of Experience: **Varsity** 1 2 3 4 **JV** 1 2 3 **MS** 1 2 3

Elite Club Name: _____ #Yrs. Playing Elite Club: _____

Roomate Request(s): _____

Health Insurance Company: _____

Ins. Co. Member #: _____

In Case of Emergency, please notify:

Name: _____ Phone #: _____

I, the undersigned, being a parent or legal guardian of this camper, understand and accept the risk of injury is possible while playing the sport of lacrosse. I authorize the directors to act for me according to their best judgement in any emergency requiring medical attention. Anyone associated with MCC Sports, Inc will not assume campers' medical or dental expenses incurred as a result of participating in this camp.

Parent Signature

Date

Camper Signature

Date

To Reserve Your Spot, mail application and check to:

MCC Sports, Inc
2220 CR 210 W, Suite #108, PMB #301
St. Johns, FL 32259

JULacrosse.com Presents: 2011 Summer Lacrosse Camps
Team Roster Form (If Attending as a Team)

1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____
13	_____
14	_____
15	_____
16	_____
17	_____
18	_____

Coach / Team Contact: _____

Phone Number: _____

Email: _____