

# 2015 GT Lacrosse Summer Camp Registration

Circle One

BOYS CAMP- May 28 - May 31

GIRLS CAMP- June 22 - 25

Circle One

OVERNIGHT CAMP

EXTENDED DAY CAMP

Campers Name \_\_\_\_\_ Age (as of May 1, 2015) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ (Zip) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Parent's Email \_\_\_\_\_ Parents Cell Phone (\_\_\_\_) \_\_\_\_\_

Grade Completed as of 6/1/15 \_\_\_\_\_ Years of Lacrosse Experience \_\_\_\_\_  
(YRS/ Y, JV, V)

School or Lacrosse Program \_\_\_\_\_ Position \_\_\_\_\_

Overnight Campers Only: Roommate Request \_\_\_\_\_

## Payment Options- CIRCLE ONE

Boys Extended Day Camp- \$430

Girls Extended Day Camp- \$410

Boys Overnight Camp- \$500

Girls Overnight Camp- \$480

\_\_\_\_\_ Check (subtract \$15) Please make checks payable to: GT LACROSSE CAMP

\_\_\_\_\_ Credit Card- You will receive a Paypal request from GT Lacrosse Camps

RETURN TO:  
GT Lacrosse Camp  
c/o Ken Lovic  
992 Oakdale Rd  
Atlanta, GA 30307

**Be sure to visit [www.gtloxamps.com](http://www.gtloxamps.com) and download a  
REQUIRED Health Form from the SIGN UP Link**

FOR OFFICAL USE

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ CHECK# \_\_\_\_\_