

Get to the Goal Lacrosse Camp APPLICATION
Mail to: Get to the Goal Lacrosse P.O. Box 1792 Andover, MA 01810

SUMMER 2011

CAMPER NAME _____ AGE _____ HOME PHONE _____
STREET _____ CITY _____ STATE _____ ZIP _____
SCHOOL _____ **GRADE** in fall of 2011 _____

Is this a "first time" Get to the Goal Lacrosse camper? Yes No

How much (if any) lacrosse experience does the camper have? (We LOVE teaching 1st timers!)

Please Circle: Adult T-Shirt Size S M L XL Youth Size L

PARENT/GUARDIAN NAME _____

WORK PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

\$10 Discount per child if 2 or more siblings from the same family attend camp

(Name of sibling(s): _____)

Total Amount due for this camper: \$ _____

Application Checklist:

No child's application will be considered until we have received **ALL** of these required forms!

- I have enclosed my check for full payment
(Made out to Get to the Goal Lacrosse)
- I have enclosed the **mandatory** emergency form
- I have enclosed my child's most recent physical forms (*dated within 24 months of camp participation*)
- I have enclosed my child's immunization record

I understand that my child **will not be** considered for enrollment until our application package is COMPLETE.

I understand that once my child's application is accepted - \$75 fee is non-refundable with more than 1 week notice, and entire fee is non-refundable for any cancellations made with less than a 1 week notice.

PARENT/GUARDIAN SIGNATURE: _____ DATE _____