

Please use a permanent marker.

2010 CAMP REGISTRATION

Please mail registration form to the Camp Office - P.O. Box 9278, Richmond, VA 23227 Fax: 804-767-1161 - It is recommended that you keep a copy for your records.

CAMPER INFORMATION (Please Print)

NAME _____ BIRTHDAY _____ AGE AT CAMP _____ ENTERING GRADE _____

PARENTS'/GUARDIANS' NAME(S) _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

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HOME PHONE _____ FATHER'S WORK PHONE _____ MOTHER'S WORK PHONE _____

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PARENTS' EMAIL _____ CAMPER'S EMAIL _____

SCHOOL _____ ROOMMATE REQUEST _____ ROOMMATE'S SCHOOL _____

CAMP SHIRT SIZE

Small Medium Large XL

CAMP INFO

| | | | |
|----------------------------------|--|--|--|
| Sweet Briar Sweet Briar, VA | <input type="checkbox"/> June 20-23 | <input type="checkbox"/> FH <input type="checkbox"/> Combo <input type="checkbox"/> Lax | <input type="checkbox"/> Resident (\$550) <input type="checkbox"/> Day (\$375) |
| St. Benedict St. Joseph, MN | <input type="checkbox"/> July 11-14 | <input type="checkbox"/> Lax | <input type="checkbox"/> Resident (\$550) <input type="checkbox"/> Day (\$375) |
| Bryn Mawr Bryn Mawr, PA | <input type="checkbox"/> July 18-21 <input type="checkbox"/> July 25-28 | <input type="checkbox"/> FH <input type="checkbox"/> Combo <input type="checkbox"/> Lax | <input type="checkbox"/> Resident (\$550) <input type="checkbox"/> Day (\$375) |
| Randolph-Macon Ashland, VA | <input type="checkbox"/> July TBA | <input type="checkbox"/> FH Team | <input type="checkbox"/> Resident (\$375) <input type="checkbox"/> Day (\$295) |
| Castleton State Castleton, VT | <input type="checkbox"/> July 18-21 | <input type="checkbox"/> FH <input type="checkbox"/> Combo <input type="checkbox"/> Lax | <input type="checkbox"/> Resident (\$550) <input type="checkbox"/> Day (\$375) |

PLAYING EXPERIENCE

| FH | Level | LX | Indicate personal awards, MVP, All-Conference: _____ | |
|--------------------------|-----------|--------------------------|---|-------|
| <input type="checkbox"/> | Beginner | <input type="checkbox"/> | | _____ |
| <input type="checkbox"/> | 7th Grade | <input type="checkbox"/> | | _____ |
| <input type="checkbox"/> | 8th Grade | <input type="checkbox"/> | | _____ |
| <input type="checkbox"/> | Freshman | <input type="checkbox"/> | | _____ |
| <input type="checkbox"/> | J.V. | <input type="checkbox"/> | | _____ |
| <input type="checkbox"/> | Varsity | <input type="checkbox"/> | _____ | |

FH Position: A M D GK
LX Position: A M D GK

FEES (Listed to Left)

MUST BE PAID IN FULL BY 6/1/10
NO REFUNDS AFTER 5/15/10
\$25 LATE FEE FOR REGISTRATIONS RECEIVED AFTER 6/15/10

Team rates are available for all sessions, except the FH team camp. Groups of 10 or more will receive a discount of \$50 for residential/\$30 for day campers when all team members register together.

PAY DEPOSIT OR FULL FEE

pay deposit (\$200) pay full amount

check enclosed

MasterCard Visa American Ex. Discover

CREDIT CARD NUMBER _____

EXP. DATE _____ \$ _____ AMOUNT CHARGED

SIGNATURE (required for credit cards) _____

I approve my daughter's attendance at Merestead Camp and certify she is in good health and able to participate in the program activities. If medical attention is required for illness or injury while she is attending camp, I hereby authorize the directors to act for me according to their best judgement. I also understand Merestead Sports Camps, Bryn Mawr College, College of St. Benedict, Castleton State College, Randolph-Macon College, and Sweet Briar College, along with their staffs are NOT responsible for any injuries or accidents occurring at camp. Any damage caused by my daughter to the camp or school property will be her responsibility. Camp will not be responsible for lost property.

INSURANCE POLICY NAME AND NUMBER _____

PARENT/GUARDIAN SIGNATURE _____

OFFICE USE ONLY:

Dep _____ CC _____ CK _____ E _____ P _____ I _____