

Application Form

First Name: _____

Last Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-Mail Address: _____

Grade Entering Fall of 2010: _____

Position: _____

Short size: _____ Adult sizes: S M L XL (circle one)

Roommate Preference:
(list one - only 2 in a room) _____

Date: _____

Print Full Name: _____

Tuition: July 5-8, 2010 \$490.00/\$460 before March 21, 2010
Deposit (non-refundable) \$200.00
Total Amount Enclosed: \$_____

Make checks payable to: **Greg Cannella's All-Star Lacrosse School** and print player's name on your check.

Mail to: Greg Cannella's All-Star Lacrosse School
287 River Drive
Hadley, MA 01035

Additional information will be sent upon receipt of application and payment.

Office Use Only:

Initial	Date Rec	CH #	AMT	Bal Due

Med/Imm Form Rec On:
