

GREG CANNELLA'S ALL-STAR LACROSSE SCHOOL
Saturday June 30 through Tuesday July 3, 2012

cannella@admin.umass.edu
(413) 545-3782

Application Form

First Name: _____

Last Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-Mail Address: _____

Grade Entering Fall of 2012: _____

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:

June 30-July 3, 2012	\$500.00/\$470 before April 15, 2012
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:
