



2009 Camp Registration – July 6 <sup>th</sup> -10 <sup>th</sup>			
Full name			
Home Address			
Home phone			
Mobile or work phone			
E-mail address (*required for confirmation)			
Birthday (MM/DD/YYYY)			
Age			
Jersey size (S/M/L/XL)			
Position			
Comments:			
***\$325 camp fee***			
Credit Card			
Credit card type	Credit Card Number	Expiration Date	PSC Code (3 digit on back of V/MC 4 digit on front of AMEX)
I hereby waive and release the Long Island Lizards, its affiliates, and The specific campsite from any and all liability for injuries resulting From participation in any activities associated with the Long Island Lizards Lacrosse Camp.			
X:		Date:	

PLEASE FAX BACK TO: 631-424- 2906 OR E-MAIL BACK TO  
[info@longislandlizards.com](mailto:info@longislandlizards.com)  
 Any questions please call 631-424-2606