

University of Rochester
Elite Lacrosse Clinic
Registration Form

REGISTRATION
DEADLINE
SATURDAY
JULY 15, 2013

Player's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Emergency Name & Phone: _____

Email: _____

Grade to enter in Fall 2013: _____

Age during clinic: _____

Position: Field Player _____ Goal Keeper _____ (please check if applicable)

Payment (expected in full): Check \$50.00 / **Payable to University of Rochester**

PLEASE RETURN THIS FORM, CAMP RISK WAIVER, AND FULL PAYMENT TO COACH SUE BEHME AT ADDRESS BELOW