



**2011**

# **ULTIMATE FRISBEE CAMP**

**Date:** June 27th thru June 30th  
**Time:** 5:30 PM - 8:00 PM  
**Place:** Center Moriches High School  
**Grades:** 4th thru 6th  
**Fee:** \$60.00

**BRING A WATER BOTTLE!**

**Registrations must be mailed in by June 18th**

Send check payable to MYO and registration form to:  
**MYO • 253 Frowein Road • Center Moriches, NY 11934**

For more information go to [www.morichesyouth.org](http://www.morichesyouth.org) or call 878-1696

## **Registration Form**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Other): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Email Address: \_\_\_\_\_

Shirt Size: **ADULT S M L** **YOUTH S M L**

Pant Size: **ADULT S M L** **YOUTH S M L**

I give my permission for my son/daughter to participate in the MYO Lacrosse Camp.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Paid Cash: \_\_\_\_\_ Check: \_\_\_\_\_