



**2011**

# SUMMER LACROSSE CAMP

**Date:** July 18th thru 21st  
**Time:** 9:00 AM - 12:00 PM  
**Place:** Center Moriches High School  
**Grades:** 2nd thru 6th  
**Fee:** \$80.00

**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: \_\_\_\_\_