

# 2010 Registration Form Football Camp

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

E-mail address \_\_\_\_\_ DOB \_\_\_\_\_

**T Shirt Size:**(circle one) AS AM AL AXL AXXL

**Age Group:** (please circle one)

**Group A**-Grades 4-6

**Group B**-Middle School

**Group C**-High School

**Please Check One**

\$115.00

\$105.00 Sibling Discount

**Name of Sibling** \_\_\_\_\_

**Payment Method**

**(Payment in full is requested when registering)**

Check # \_\_\_\_\_ made payable to:

**Springfield College**, enclosed.

Charge the credit card indicated below:

Visa  MasterCard  Discover  American Express

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_

Print name as it appears on card:

\_\_\_\_\_  
Signature of cardholder

\_\_\_\_\_  
Address of cardholder if different from above

\_\_\_\_\_