

**2011 Football Camp**

**Registration Form**

FIRST NAME:

LAST NAME:

ADDRESS:

CITY:

STATE:

ZIP:

TELEPHONE #: (Day)

(Evening)

EMAIL ADDRESS:

Date of Birth:

T Shirt Size: (Please Circle One)

YS YM YL AS AM AL AXL

Please check one:

\_\_\_\_\_ \$125.00

\_\_\_\_\_ \$115.00 Sibling discount

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

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

**Group A**-Grades 4-6

**Group B**-Middle School

**Group C**-High School

Payment Method: Check # \_\_\_\_\_

or Credit Card Master Card Visa Discover American Express

Card Number:

Ex Date:

MM/YY

Print Name as it Appears on Card

Signature of cardholder

*Address of cardholder if different from above*

*Credit card registrations may be:*

*faxed to 413-748-3534 or*

*phoned in to (413)748-5287.*

Return this form with payment to:

Springfield College Business Office

263 Alden Street

Springfield, MA 01109-3797