

2009 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

\$110.00

\$100.00 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
