

## Springfield College High School Team Camp For Boys

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

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

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

High School \_\_\_\_\_

High School Coach's Name \_\_\_\_\_

Position \_\_\_\_\_

Price: \$125.00 per player

Number of players \_\_\_\_\_

### Payment Method

**(Payment in full is requested when registering, please register all players in your team together)**

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

\_\_\_\_\_

\_\_\_\_\_