

North Olympic Lacrosse Club

Home of the Olympic Mountaineers

Sign Up for Boys Summer Camp 2012

Name: _____

Age: _____ T-shirt size: _____

Phone Number: _____

Email Address: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Doctor Name: _____

Doctor Phone Number: _____

Insurance Information: _____

Note any allergies or health concerns:

_____

_____

_____

Payment included: [ ] yes [ ] no [ ] will make payment on August 10th

PO Box 862, Carlsborg, WA 98324
(360) 232-4506
Mountaineerslax.org