

HOMETOWN HEROES INDIVIDUAL APPLICATION 2010

GIRLS

First Name _____ Last Name _____ MI _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

E-Mail address:PARENTS _____ PLAYER: _____

Date of Birth _____ Grade as of Sept 2009 _____ School _____

Position: _____

Does your daughter have any medical problems that her coach should be aware of? Yes No

If yes please list _____

I give my daughter (**Please Print**) _____ permission to participate in the HOMETOWN HEROES LACROSSE CAMP. I understand that She will be covered by my own family insurance. I also understand that by participating in this sport, injury and or death may occur and I will not hold the HOMETOWN HEROES LACROSSE CAMP or its staff responsible.

Parent Signature _____ Date _____

**Please send a check payable to
HOMETOWN HEROES**

Amount \$425.00

Due by April 15, 2010.

THIS CAMP WILL SELL OUT!

**Please send a completed Release Form Along with the Check payable to
Hometown Heroes**

MAIL TO:

Hometown Heroes

2 Tulane Street

Farmingdale, NY 11735

CAMP WILL BE HELD ON THE FOLLOWING DATES: 6/24, 6/30, 7/7, 7/14, 7/21, 7/28 AT LONG ISLAND FIELDHOUSE LOCATED AT HOFSTRA UNIVERSITY. DEADLINE IS APRIL 15TH.

OFFICIAL USE: Method of payment _____ Amount _____

DATE _____ INITIAL _____