

2012 Camp Registration Form:

Please mail this registration form to the Camp Office. It is recommended that you keep a copy for your records.
P.O. Box 9278; Richmond, VA 23227 Fax: (804) 767-1161

Camper Information (Please Print)

Name	Birthday	Age at Camp	Entering Grade
Parents/Guardian's Name			
Street Address	City	State	Zip
Home Phone	Fathers Work Phone	Mother Work Phone	
Parents email		Campers email	

School	Roomate Request	Roomate School
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Camp Shirt Size

Small Medium Large XL

Camp Info

Sweet Briar College Sweet Briar, VA	<input type="checkbox"/> June 17-20	<input type="checkbox"/> FH <input type="checkbox"/> Combo <input type="checkbox"/> Lax	<input type="checkbox"/> Resident (\$575) <input type="checkbox"/> Day (\$450)
Bryn Mawr College Bryn Mawr, PA	<input type="checkbox"/> July 16 -19 <input type="checkbox"/> July 23-26	<input type="checkbox"/> FH <input type="checkbox"/> Combo <input type="checkbox"/> Lax	<input type="checkbox"/> Resident (\$575) <input type="checkbox"/> Day (\$450)
Castleton State College Castleton, VT	<input type="checkbox"/> July 21-24	<input type="checkbox"/> FH <input type="checkbox"/> Combo <input type="checkbox"/> Lax	<input type="checkbox"/> Resident (\$575) <input type="checkbox"/> Day (\$450)

Playing Experience

FH	Level	LX
<input type="checkbox"/>	Beginner	<input type="checkbox"/>
<input type="checkbox"/>	7th Grade	<input type="checkbox"/>
<input type="checkbox"/>	8th Grade	<input type="checkbox"/>
<input type="checkbox"/>	Freshmen	<input type="checkbox"/>
<input type="checkbox"/>	JV	<input type="checkbox"/>
<input type="checkbox"/>	Varsity	<input type="checkbox"/>

Indicate personal awards, MVP, All-Conferre:

FH Position: A M D GK

LAX Position: A M D GK

Fees (Listed to Left) **MUST BE PAID IN FULL BY 6/1/12 NO REFUNDS AFTER 5/15/12**
\$25 Late fee for registrations recieved after 6/15/12
Team rates are available for all sessions. Goups of 5 of more will receive a discount of \$50 for residential/\$30 for day campers when all team members register at the same time.

Pay Deposit of Full Fee

- Pay Deposit (\$200) Pay Full Ammount
 Check enclosed
 Mastercard Visa American Express
 Discover

Credit Card Number

Experation Date Amount Charged

Signature (Required for credit Cards)

I approve my daughter's attendance at Merestead Camp and certify she is in good health and able to participate in the program activities. If medical attention is required for illness or injury while she is attending camp, I hereby authorize the directors to act for me according to their best judgement. I also understand Merestead Sports Camps, Bryn Mawr College, College of St. Benedict, Castleton State College and Sweet Briar College, along with their staffs are NOT responsible for any injuries or accidents occurring at camp. Any damage caused by my daughter to the camp or school property will be her responsibility. Camp will not be responsible for lost property.

Insurance Company and Policy Number

Parent/Guardian Signature