

LACROSSE CAMP at Graves Mountain Lodge 6/24-6/28/09, 7/15-18 or 7/19-22

Application form (circle desired session above)

Name _____ Age as of June, '09 _____
Date of Birth ____/____/____ Grade in school year 2009-2010: 9 8 7 6 5 (circle one)
Height _____ Weight _____ School Attended _____
Address _____
City _____ State _____ Zip _____
Parent _____
Phone (H) _____ (O) _____ (M) _____
Camper Email _____ Parent Email _____
Roommate _____ Other bunk -mate requests _____
Position Played: (Circle any to be played at camp) Attack Midfield Defense Goalie

Detach above and mail, along with \$250 deposit, to:

Starsia Lacrosse Camp
1123 Shiloh Rd
Charlottesville, VA 22903

Additional requirements/information:

- 1) Please download, complete and mail a copy of our camp **Medical Form**. A photocopy of all pertinent sides of the camper's health insurance card must be included.
- 2) Your tuition balance of \$250 is due by June 1, 2009.
- 3) Make checks payable to *Starsia Lacrosse Camp*
- 4) Cancellation/Refund Policy
 - Until one month before the start of camp, upon notification of your camper's withdrawal, a refund, less an administrative fee (\$50), will be paid.
 - Between one month and two weeks of camp, refunds will be paid, less a \$100 fee.
 - No refunds within two weeks of camp, except in the case of a medical necessity. A doctor's note may be required. An administrative fee may be withheld.
- 5) Confirmation of enrollment will be sent by email. If no email address is supplied, you will receive a postcard or phone call.
- 6) All rooms are in bunkhouses, grouped by age and/or requests.
- 7) Other information can be found on our website (www.starsialax.com)