

LACROSSE CAMP at **UVA** For High School Boys, JUNE 14-17, 2008

Application form

Name _____ Age as of June, '08 _____
Date of Birth ____/____/____ Grade in school year 2008-09: 9 10 11 12 PG (*circle one*)
Height _____ Weight _____ School Attended _____
Address _____
City _____ State _____ Zip _____
Parent _____
Phone (H) _____ (O) _____ (M) _____
Camper Email _____ Parent Email _____
Roommate _____
Additional suite -mate requests _____
Position Played: (*Circle*) Attack Midfield Defense Goalie

Detach above and mail, along with \$300 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 \$275 is due by May 1, 2008 (plus \$25 if using airport shuttle service)
- 3) Make checks payable to *Starsia Lacrosse Camp*
- 4) Cancellation/Refund Policy
 - Before May 1, upon notification of your camper's withdrawal, a refund, less an administrative fee (\$100), will be paid.
 - Between May 1 and June 1 refunds will be paid, less a \$200 fee.
 - No refunds after June 1, except in the case of a medical necessity. A doctor's note may be required. \$100 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 doubles, two boys to a room, arranged in suites with a common lounge and bathroom..
- 7) Other information can be found on our website (www.starsialax.com)