

# 2010 Lacrosse Skills Camp

January 9 - 10, 2010 - Coquille Complex - Covington, LA

[www.thespecialteams.com](http://www.thespecialteams.com)

Please Return to P. O. Box 2829

Covington, LA 70434

With Payment & Medical Release signed by Athlete and Parent

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ GPA: \_\_\_\_\_ ACT: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Travel Team: \_\_\_\_\_

T-shirt Size: \_\_\_\_\_ DOB: \_\_\_\_\_ Position(s): \_\_\_\_\_

Do you have all equipment? Yes No (Circle One)

NCAA Initial Eligibility Filed? Yes No (Circle One)

Please make \$150 check payable to The Special Teams. Don't forget to mail the Medical Release form also.

Mail to:  
Lacrosse Skills Camp  
P. O. Box 2829  
Covington, LA 70434

Signature: \_\_\_\_\_