



presents 2010 "Friday Night Under the Lights"

Friday, February 26th 6-9pm

Centennial High School 9310 Scott Road Roswell, GA 30076

...the ultimate lacrosse clinic experience!



Player Information

Registration form fields for player information including First Name, Last Name, Address, City, State, ZIP, Email, Home Phone, Cell Phone, Date of Birth & Age, Grade, Parent/Guardian Name, Playing Experience, US Lacrosse #, and Position(s) Played.

Parent/Guardian Authorization

I (parent/guardian) to the best of my knowledge confirm this health history information is correct and the person herein described has my permission to engage in all camp/clinic activities...

Signature: Date:

Insurance Carrier Policy #

Policy Contact

I understand Casey Powell Lacrosse LLC, retains the right to use for publicity and advertising purposes, photographs/ video of players taken at the clinic.

Signature: Date:

Payment Information\*

All payments are final unless cancellation is due to a health related emergency accompanied by a note from a medical doctor. Camp and clinic fees are non-refundable and full payment is due at time of registration submission.

Amount of enclosed check\*: \$100.00 \*\$20 returned check fee Payable to "Casey Powell Lacrosse LLC"

Pay by Credit Card: (only Mastercard/VISA/AMEX accepted)

Name on Card:

Credit Card number: Exp. Date

Security Code: Amount of charge: \$100.00

Card Holder Signature:

Mail or fax completed registration to: Casey Powell Lacrosse 1515 Route 31 Bridgeport, NY 13030 315-217-0438 fax

or...register online at: www.CaseyPowellLacrosse.com