

# STRIKER CAMP APPLICATION

PLAYERS NAME \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SEX \_\_\_\_\_ **Grade Comp./June 2010** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

T-SHIRT SIZE \_\_\_\_\_ (sizes Youth Med, Youth Lg, Adult S, M, L, XL)

HOME PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

**Please mail complete form and payment to:** C.S.A, P.O. Box 32, State College, PA 16804

**CAMP CONFIRMATIONS COME OUT THE WEEK BEFORE CAMP !**