

HOGAN'S LACROSSE



HERO PLAYER REGISTRATION FORM

One player per form. Limited space available. All players must come with a complete team.

Mail your completed registration form:

Hogan's Camps
530 Augusta Drive
Arnold, MD 21012
410-349-0796



LAST NAME _____ FIRST NAME _____

POSITION: (Please circle) Goalie Defense Midfield Long stick Midfield Attack

SCHOOL(ATTENDED 2005-2006) _____ GRADE(COMPLETED 2005-2006 YR) _____

TEAM PLAYING FOR IN TOURNAMENT: _____

ADDRESS: _____
STREET CITY STATE ZIP

HOME PHONE _____ CELL PHONE _____

EMERGENCY CONTACT NAME & PHONE _____

PARENT E-MAIL _____

PLAYER E-MAIL _____

PAYMENT- Check appropriate box(es). Make checks payable to: Hogan Camps

\$10.00 *Tournament T-shirt XXL _____ quantity XL _____ quantity L _____ quantity M _____ quantity

_____ **TOTAL ENCLOSED** (Tournament fee will be paid by coach of team)
*T-Shirt orders received within 3 weeks of tournament are not guaranteed.

PLEASE COMPLETE THE WAIVER AND RELEASE FORM, PAGE 2.

OFFICE USE ONLY

CHECK # _____ AMOUNT _____ COACH FORM _____