



2012 Application Form

Name _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian _____

Home Phone _____

Cell Phone _____

E-mail Address _____

Jersey Size (circle one) YL / S / M / L / XL

Roommate Preference _____

Please check the appropriate box below:

Overnight camper \$350 []

Day camper \$290 []

For more information contact Shane Andersen:

by e-mail at andersen@hanover.edu or call (812) 866-7377

I certify that the applicant is in good physical health to participate in the Hanover Men's Lacrosse Camp, and I hereby authorize the directors of the camp to act according to their best judgment in any emergency requiring medical attention.

Date Parent/Guardian Signature

Mail this completed form with payment to:

**Shane Andersen
Hanover College
P.O. Box 108
Hanover, IN 47243**

*Please make checks payable to:
Hanover Boys' Lacrosse Camp*