



FULL THROTTLE LACROSSE

INSTRUCTIONAL LACROSSE CAMP

REGISTRATION

camper's name

parent or guardian name

address

city

state

zip

phone

cell phone

email

date of birth

grade

POSITION

attack midfield defense goal

*Please mail check with registration form., make check payable to: Shore Kaos Lax.

Please send registration/payment to : Shore Kaos Lax
220 School St
Millington, MD 21651