



CAMP REGISTRATION FORM

Camp You Are Signing Up For: _____

Camper's Name: _____

Birthdate: __/__/__ Age: _____ Gender M or F Height _____ Weight _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

Emergency Contact: _____ Emer. Phone # _____

PAYMENT

Football Camp-\$195 Lacrosse Camp-\$195 Hitters Clinic \$75

Circle One: Cash Check Credit Card- MC VISA DISCOVER

Name on Credit Card: _____

Credit Card #: _____ Exp Date: ____/____

Signature: _____ Date: _____

***You may call Athletic Republic (847)362-5700 to sign-up for camps or mail in the registration form to**

Athletic Republic Libertyville

Libertyville Sports Complex

1950 N. Highway 45

Libertyville IL 60048