



# Northern Edge

## Vermont Lacrosse Camp

### REGISTRATION FORM

Mail all registration information and check made out to Fuel Lacrosse LLC. to:  
Jen Johnson –Head Women’s Lacrosse Coach  
University of Vermont 97 Spear St. Burlington, VT 05405  
Questions- Email or call Jen Johnson at [vermontlacrossecamp@gmail.com](mailto:vermontlacrossecamp@gmail.com) or 802-656-7709

**Circle which you are signing up for: (see more info on [www.vermontlacrossecamp.com](http://www.vermontlacrossecamp.com))**

**Commuter: \$ 475**

**Resident Camper: \$550**

**\*\* Make checks payable to Fuel Lacrosse LLC**

Please fill out the following form:

**PERSONAL INFO:**

Player First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
High School \_\_\_\_\_ HS Grad Year \_\_\_\_\_ Club Team \_\_\_\_\_  
Home Address \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone# \_\_\_\_\_  
Player cell phone# \_\_\_\_\_  
Player Email \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Relation to camper \_\_\_\_\_  
Emergency Contact Phone# \_\_\_\_\_

**ROOMMATE REQUEST:** Please note all dorm rooms have 2 beds. We will do our best to give you your roommate request

Roommate request 1: \_\_\_\_\_ Roommate request 2: \_\_\_\_\_

**LACROSSE INFORMATION:**

Position: (Circle) A M D GK

Level: (Circle one) Varsity Starter, Varsity Sub, JV Starter, JV Sub, Middle School

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