APPLICATION
WILTON LYNDEBOROUGH YOUTH CENTER
SUMMER CAMPS 2011

1. **Player:**_____

2. **Address:**_____

3. **Date of Birth:**_____ **Grade:**_____

4. **Mother:**_____ **Home Phone:**_____

   Work Phone:_____ **Cell phone:**_____

4. **Father:**_____ **Home Phone:**_____

   Work Phone:_____**Cell phone:**_____

5. **Email Address:**_____

   _____

6. **Health Concerns:**_____

   _____

7. **Camp attending (circle one):** **Tots - see website for dates**

   Soccer - 8/01/11-8/05/11

   Basketball - see website for dates

   Tennis Lessons - see website

Please complete the Application and Medical Release form. Mail both completed forms and registration fee to:

WLYC
PO Box 446
Wilton, NH 03086