

Application
Wilton Lyndeborough Youth Center
Summer Camps 2016

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): **Basketball – 7/18 to 7/22**
- Soccer – 8/1 to 8/5**
- Tennis Lessons – Set up on individual basis**

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

WLYC
PO Box 446
Wilton, NH 03086