



**2008 ATTACK ATHLETICS COLLEGE PLAYER SKILLS CAMP**

**Player Registration Form**

NAME \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ POSITION \_\_\_\_\_

SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL \_\_\_\_\_

COACH NAME \_\_\_\_\_

COACH PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

Please fill out form and return by fax (773) 826- 1180 or you can scan and email it to [mprocopio@attackathletics.com](mailto:mprocopio@attackathletics.com). The \$500.00 Camp fee is to be paid by certified check, money order, or credit card. Please make all checks payable to ATTACK Athletics

