Registration Application
2008 SU Cross Country Camp

For your convenience, the Conference Office offers on-line registration, payment, and printable brochures. Check out our website at www.ship.edu/camps.

Name _____

Address _____

City _____

State _____ Zip Code _____

Phone number (____)_____

Age _____ ❑ Male ❑ Female

Grade in fall of 2008 _____

Parent's name _____

Daytime phone number (____)_____

School attending _____

Coach's name _____

Coach's address _____

City _____

State _____ Zip Code _____

Roommate preference _____
(Only 2 campers per room)

T-shirt size (Men's): ❑ Small ❑ Med. ❑ Large ❑ X-Large

How many miles per week do you expect to be running for the 3 weeks prior to camp? I plan to average _____ miles per week.

Fees:

❑ Resident plan (all meals included)	$325
❑ Commuter plan (no meals)	$205
❑ Commuter plan (4 lunches)	$228
❑ Commuter plan (4 lunches, 4 dinners)	$256
❑ Commuter plan (4 breakfasts, 4 lunches, 4 dinners)	$273

Payment Plan:

❑ Check or money order enclosed *(Please make check payable to "**Shippensburg University**")*

❑ VISA *(If paying with credit card, full payment required.)*

❑ MasterCard

Card Number | | | | | | | | | | | | | | | | |

Exp. Date ___/___ Signature _____
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