

# ULTIMATE ATHLETE CAMP

## Registration Form

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Gender:** Male/ Female

**Age Group:**  Junior High (6<sup>th</sup>-8<sup>th</sup>)  Senior High (9<sup>th</sup>-12<sup>th</sup>)  College

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Church/Parish:** \_\_\_\_\_

**Sport/Fitness Interest:** \_\_\_\_\_

**T-Shirt Size:**        **S**        **M**        **L**        **XL**        **XXL**

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**Date of Camp Attending:** \_\_\_\_\_.

**Camp Location:** \_\_\_\_\_.

\*Make Checks payable to *Cross Training* and return to:

*Cross Training*  
Attn: Tyler Kleinhuizen  
11521 Eagle Street NW, Suite #8  
Coon Rapids, MN 55448



**ETERNALCHAMPIONS.ORG**

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