

# D- III Super Camp

**Please return completed form to:**

**D-III Super Camp**

**1627 Sara Parke Court**

**Manakin Sabot, VA 23103**

Please register me for your camp. My \$200.00 deposit is included  
(nonrefundable after May 1, 2008).

Make check payable to Wayne Samford.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State Zip \_\_\_\_\_

License No. \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

T-Shirt Size (circle) M L XL XXL \_\_\_\_\_

Golf Shirt Size (circle) M L XL XXL \_\_\_\_\_

Roommate Preference \_\_\_\_\_