

2009 Cross Country Camp Application

Last name

First name

Address

City/state/zip

High school

Telephone

Emergency Telephone

Age

Date of birth

Parents/guardian name(s)

Work telephone

Roommate preference

Running experience

Best 5k time

Please circle appropriate choice:

Commuter

Overnight

Send completed form and deposit of \$100 made payable to *Keene State College Cross Country Camp* to the address below. Please send before June 27 (spaces are limited). We will take late applications subject to availability.

Peter Thomas, Cross Country Camp Director
Keene State College
229 Main St.
Keene NH 03435-2301