

## X-TREME LAX FACTORY at NJ Sports House

NJ Sports House  
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Oakland, NJ 07436  
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### 2018-19 Boys Winter Lacrosse Clinics

#### Session 1 (5 Sessions) Sundays, Dec. 2<sup>nd</sup> – Jan. 13<sup>th</sup>

3/4<sup>th</sup> Grade – 4pm – 5pm - \$200.00  
5-8<sup>th</sup> Grade – 5pm – 6pm - \$225.00

Off Date: 12/23, 12/30

#### Session 2 (5 Sessions) Sundays, Jan. 20<sup>th</sup> – Feb. 24<sup>th</sup>

3/4<sup>th</sup> Grade – 4pm – 5pm - \$200.00  
5-8<sup>th</sup> Grade – 5pm – 6pm - \$225.00

Off Dates: 2/3

### Player/ Contact Information:

Sport/ Program: \_\_\_\_\_ Session (if applicable): \_\_\_\_\_  
Player Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_  
School: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Email: \_\_\_\_\_  
Father's Contact Information:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Mother's Contact Information:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Payment Information:

(Please mark one) Credit Card: \_\_\_\_\_ \*Check: \_\_\_\_\_ Cash: \_\_\_\_\_  
\*if applies there will be a \$25 penalty expected for any checks that are returned.  
Credit Card: Amex: \_\_\_\_\_ Visa: \_\_\_\_\_ MC: \_\_\_\_\_ Disc. \_\_\_\_\_  
(Please mark one)  
Credit Card #: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_ Security # (3 digits on back of card): \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_  
Print Name on Card: \_\_\_\_\_  
Signature: \_\_\_\_\_

By signing above, I agree to the terms of full, non-refundable, payment of \$ \_\_\_\_\_ on the credit card provided above.

**Make Checks Payable to: X-Treme Lax Factory**

**Mail to:** 44 Tuscarora Drive, Oakland, NJ 07436

**For more information,  
visit [www.X-Tremelaxfactory.com](http://www.X-Tremelaxfactory.com) or  
Email the director: Michael Carti at [mcarti@x-tremelaxfactory.com](mailto:mcarti@x-tremelaxfactory.com)**