

Catholic Lacrosse Club Registration

Spring 2012 Season

Player Information:

Gender: Boy _____ Girl _____
Last Name: _____ First Name: _____
Address: _____
School Attending: _____ Grade: _____
Date of Birth: _____ Home Phone: _____
Email Address (for team/club correspondence):
Primary _____
Alternate _____

Parent/Guardian Information:

Primary Contact - Relationship: _____
Last Name: _____ First Name: _____
Home Phone # _____ Work Phone # _____
Cell Phone # _____
Secondary Contact - Relationship: _____
Last Name: _____ First Name: _____
Home Phone # _____ Work Phone # _____
Cell Phone # _____

Please return completed form with Registration Fee by January 1, 2012 to your **SCHOOL A.D.** or:

Catholic Lacrosse Club
5625 Highbury Dr.
Ada, MI 49301

616-340-9220

Matt.mead@ymail.com

***Season will run from approximately March 19 – June 3

***Season should consist of around 12 games, up to 2 per week with possible weekend tourneys

***Practice locations to be determined.