

MILLER LACROSSE – REGISTRATION SPRING 2010

PLAYER INFORMATION (Please Print)

LAST NAME: _____ FIRST NAME: _____

GRADE/SCHOOL: _____ AGE: _____

YEARS OF EXPERIENCE: _____ POSITION(S) PLAYED: _____

RETURNING PLAYER (Yes/No): _____ IF YES, PLAYER NUMBER: _____

U.S. LACROSSE #: _____ EXP. DATE: _____ (Register on-line at: uslacrosse.org)
SOUTHERN NEVADA LACROSSE REGISTRATION PAID (Yes/No): _____ (Register on-line at: lasvegaslacrosse.org . You must be a member of U.S. Lacrosse to register.)

PARENT/GUARDIAN INFORMATION (Please Print)

Contact #1

Name: _____ Relationship to Player: _____

Address: _____

Phone (Home): _____ Phone (Cell): _____

E-Mail: _____

Employer: _____ Work #: _____

Contact #2

Name: _____ Relationship to Player: _____

Address: _____

Phone (Home): _____ Phone (Cell): _____

E-Mail: _____

Employer: _____ Work #: _____

<i>(For Miller Lacrosse Use Only)</i>	<u>Team Commitment Fee: \$100.00 (Due with registration)</u>
Amount Paid: _____	Check #: _____ Cash: _____
Received By: _____	Date: _____