

Middle School Girls' Lacrosse

Fall Ball

REGISTRATION FORM

Please fill out completely and legibly and return with payment.

Participant Full Name: _____

Participant Date of Birth: _____ Participant Age: _____

Participant School of Attendance: _____ Grade: _____

Participant T-shirt size: (circle one) YS YM YL S M L XL

Parent/Guardian Name(s): _____

Parent Phone #: _____ Alt #: _____

Parent Email: _____

Please make checks payable to: "UNLV Women's Lacrosse"

\$80 if postmarked by August 31st

\$100 if postmarked after August 31st

Mail check and Registration form to:

UNLV Women's Lacrosse

8325 Del Rey Ave.

Las Vegas, NV 89117

Contact Katy Wieser with any questions or concerns: katywieser@yahoo.com