

SUMMIT COUNTRY DAY YOUTH LACROSSE

Registration Form

Player's Name: _____

Address: _____

Please list below **ALL** e-mail addresses to receive all notices.
Most communication will be via e-mail.

Email address 1: _____

Email address2: _____

Email address 3: _____

Phone (home): _____

(cell) _____

(cell) _____

Date of Birth: _____

Grade: _____

Parent(s)/Guardian(s) _____

Lax Experience: _____

Years Played: _____ Positions Played: _____

US Lacrosse #: _____

Uniform Size: (circle) YS YM YL AS AM AL

Questions: Amy Russert azrussert@totalprosource.com
513-910-9612