

HOT4LAX

Lacrosse Leagues and Clinics **2005 Indoor Lacrosse Registration**

Name _____

Address _____

City _____ ST ____ Zip _____

Phone-H(____) _____ C(____) _____

Email _____

School _____

Grade _____ DOB ____/____/____ Age _____

In case of emergency, contact _____ (____) _____

Lacrosse Experience (yrs): indoor _____ yrs Outdoor _____ yrs

Team _____

Position A M D G Jersey number (list three): ____ ____ ____

- Session I - \$85
- Session II - \$130
- Both Sessions - \$205

Amount enclosed \$ _____.

US Lacrosse member: Y or N ID # _____ Exp. Date _____

I certify that my membership to US Lacrosse is current and valid. I realize that lacrosse is a physical sport and is played with a hard rubber ball, sticks and protective equipment. I also release HOT4LAX, organizers and all members of the staff of Brookfield Indoor Soccer Complex of liability should I sustain any injury during play or observation of lacrosse.

Authorization Signature _____

Please send enrollment form to:

Hot4Lax Lacrosse Leagues and Clinics

31764 N. Harris Road

Libertyville, IL 60048

For more information contact Robin Buckley at (414) 333-3049.