All Division Lacrosse 2018 Summer League

PLAYER'S FIRST AND LAST NAME _____

BIRTH DATE ____/____/_____ **AGE** _____

TEAM (please check one): **U10**____ (birthday after 9/1/07)
U12____ (birthday between 9/1/05 and 8/31/07)
U14____ (birthday between 9/1/03 and 8/31/05)

POSITION (please circle): ATTACK MIDFIELD DEFENSE GOALIE
TO BE DETERMINED

PINNIE SIZE (please circle): YOUTH OR ADULT SMALL/MEDIUM LARGE/XL
SHORT SIZE (please circle): YOUTH OR ADULT SMALL MEDIUM LARGE XL
T-SHIRT SIZE (please circle): YOUTH OR ADULT SMALL MEDIUM LARGE XL

MEDICATIONS/ALLERGIES OF WHICH STAFF MUST BE AWARE? ___ YES ___ NO
If yes, please describe/list here:
_____
_____

COMPLETE MAILING ADDRESS:
Street Address _____
_____
City, State & Zip _____

PARENT'S CONTACT INFORMATION

PARENT(S) NAME(S) _____

EMAIL ADDRESS: _____

HOME PHONE (INCLUDE AREA CODE) _____

CELL PHONE (INCLUDE AREA CODE) _____

COST: U12 and U14: $700 per player U10: $500 per player

(Check or money order payable to "All Division Lacrosse" and note player's name in memo line)

Mail this form with payment to: **All Division Lacrosse**
Attn: All Division Lacrosse Summer League
12 Hamilton Avenue
Greenville, SC 29601

For more information go to: www.alldivlax.com