



Alpharetta Feeder Lacrosse Junior Lady Raiders

PLAYER REGISTRATION FORM – SPRING 2010

Registration Fees **\$275.00** fees include all practice, clinic and game expenses, and uniform

Please **PRINT** All Information:

Participant's Name: _____

US Lacrosse Number: _____ Expiration Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Participant's Email: _____

Birth Date: _____ Age: _____ Grade: _____ Parent's Email: _____

Parent/Guardian: _____ Parent's Email: _____

Address (if different from player): _____

Work Phone: _____ Cell Phone: _____

Emergency Contact Name: _____ Phone: _____

MUST BE RETURNED BY JANUARY 9, 2010.

MAKE CHECKS PAYABLE TO: JUNIOR LADY RAIDER LACROSSE IN THE AMOUNT OF \$275.00

Please send registration forms with Check to:

DAWN COPPAGE
645 WEDNESBURY RD
ALPHARETTA, GA 30022

Form can also be handed in at TRYOUTS on January 9, 2010 at 9:30.

Player Name: _____ Player Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____