

Armstrong Ladies Lacrosse 2010 Player Information Form

www.armstrongladieslax.com

PLAYER:

Player Name _____ Grade _____

Address _____

City _____ ZIP _____

Home Phone _____ Cell Phone _____

Email _____

PARENTS/GUARDIANS:

Parent/Guardian #1 _____ Parent/Guardian #2 _____

Address _____ Address _____

City _____ ZIP _____ City _____ ZIP _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Email _____ Email _____

CONSENT:

Yes, I give permission for this information to be shared with Armstrong Ladies Lacrosse members only.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Date _____

PAYMENT INFORMATION:

Please attach a check for \$75 payable to 'Armstrong Ladies Lacrosse'.

Turn in form/check at meeting or mail to: Chris Ryan
4355 Evergreen Lane N.
Plymouth, MN 55442

Check Amount:	Date:	Check #:
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