



PLAYER INFORMATION (PLEASE PRINT)

Player 1 Name _____
 Last, First

US Lacrosse number _____

Date of Birth _____ Current School Grade _____
 mm/dd/yy 1-2-3-4-5-6-7-8

Email address _____ (for player if available)

Player 2 Name _____
 Last, First

US Lacrosse number _____

Date of Birth _____ Current School Grade _____
 mm/dd/yy 1-2-3-4-5-6-7-8

Email address _____ (for player if available)

FAMILY INFORMATION (PLEASE PRINT)

Father / Guardian _____
 Last, First

Cell phone _____ Email _____

Mother / Guardian _____
 Last, First

Cell phone _____ Email _____

Registration Fee Due 9/3/11;
PDP = \$75.00 (grades 1-6) \$95.00 (Middle School 7-8)
ISL = \$50.00 (per Player)

<u>Player Name</u>	<u>Grade</u>	<u>Program</u>
One _____	_____	PDP or ISL Fee _____
Two _____	_____	PDP or ISL Fee _____
		Total: _____
		Check Number _____

Parent / Guardian Signature _____

Mail payment to: SVLA , PO Box 1703 , Cranberry Twp PA 16066

Questions; email svlaxwise@yahoo.com