Print Form

BRITISH COLUMBIA LACROSSE ASSOCIATION
Senior Practice Registration Form

For Practice Purposes Only

League: BCJALL **Division:** Jr. A

Team: Delta Islanders **Team Played for (last season):** _____

Name of Player: _____
(In full)

Address: _____
City: _____ **P.C.:** _____
Phone: _____

Date of Birth: ____ ____ ____
Day Month Year

Medical Plan:Name: _____ **Identification #:** _____

_____ _____
Date **Player's Signature**

For Club Use Only:

Fee: _____ **Paid:** _____

_____ _____
Date ***Signature of Secretary/Registrar***