Print Form

BRITISH COLUMBIA LACROSSE ASSOCIATION
Senior Practice Registration Form

For Practice Purposes Only

League: _____ Division: _____

Team: _____ 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***