CLARENCE YOUTH LACROSSE ASSOCIATION

2010 SUMMER TOURNAMENT TEAM REGISTRATION FORM

NAME: _____ _____
(LAST NAME) (FIRST NAME)

DOB: _____ _____
(MM/DD/YY) (AGE)

ADDRESS: _____

CITY: _____ **ZIP:** _____

TEL #: _____ **TEL #:** _____
(HOME) (CELL)

PARENT(S) NAME(S): _____

CONTACT EMAIL ADDRESS: **(first address will be your main contact address)**

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PLEASE PRINT IN CAPS

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PLEASE PRINT IN CAPS

LEVEL:

____ U11 and under player can not turn 12 prior to Jan 1, 2011 **(DOB 1999, 2000)**
____ U13 and under player can not turn 14 prior to Jan 1, 2011 **(DOB 1997, 1998)**
____ U15 and under player can not turn 16 prior to Jan 1, 2011 **(DOB 1995, 1996)**

SCHOOL ATTENDED: _____

JERSEY SIZE:	SMALL	MEDIUM	LARGE	X-LARGE	**PREVIOUS #** _____
SHORT SIZE:	YL	S	M	L	XL

(PLEASE CIRCLE ONE)

We will do our best to size the players. Sizes will be subject to availability.

Signature of participant: _____

Signature of parent/guardian: _____

Players will be notified of roster status via email. Roster spots will be offered to the top players at each position. If a chosen player can not honor his commitment, the spot will then be offered to the player next in line at that position. Registration fee will be determined at a later date.

Clarence Youth Lacrosse Association

MAILING ADDRESS:
CYLA
4450 PATRICIA DRIVE
CLARENCE, N.Y. 14031

LEVEL: (circle one)
U11 u13 u15

POSITION: (circle one)
Att Mid Def Goal