



Upstate Lacrosse Association

2010 Central Square U.L.A. Registration Form

Name: _____

Current Grade: _____ D.O.B. _____ Age: _____

Parent's Name: _____

Address: _____

Email Address: _____

Home Phone: _____ Cell/Emergency# _____

Teams:

Grades 3-4 Boys _____ Girls _____ (Monday evenings)

5-6 Boys _____ Girls _____ (Tuesday evenings)

7-8 Boys _____ Girls _____ (Wednesday evenings)

*Jersey Size: S _____ M _____ L _____ XL _____

*These are adult sizes. Please specify if child size is needed.

Cost: \$95.00 includes reversible jersey

\$80.00 without reversible-must use last year's reversible **jersey#** _____

Please make check payable to: **Central Square Lacrosse Boosters**

Mail to: Pat Wallace
5825 Bartel Rd
Brewerton, NY 13029
Phone: 676-4180
Email: csyouthlacrosse@windstream.net

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For office use only:

Paid _____

Check# _____

Cash _____