



**Upstate
Lacrosse
Association**

**2009 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: \$90.00 includes reversible jersey
\$75.00 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: scotlandmade@windstream.net



Paid _____ Check# _____ Cash _____