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|  | **CONNECTICUT VALLEY YOUTH LACROSSE, INC**. |  |
| 2013 LEVEL 1 TRAINING REGISTRATION FORM | | |

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| --- | --- | --- | --- | --- | --- | --- |
| Trainee Name: |  | | | | | |
|  | | | | | | |
| Trainee US Lacrosse Membership #: | | | | |  | |
|  | | | | | | |
| Trainee Residential Address (street/city/state/zip): | | | | | |  |
|  | | | | | |  |
| Trainee Email Address: | |  | | | | |
|  | | | | | | |
| Trainee Phone (home/cell): | | |  | | | |
|  | | | | | | |
| Trainee Fax #: |  | | | | | |
|  | | | | | | |
| Trainee Birthdate (if under age 19): | | | |  | | |
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|  | | | | | | |
| Did you achieve Level 1 Official status in 2012: Yes or No (Circle One) | | | | | | |

Please complete this form clearly and legibly and return it to Craig Brown in accordance with the instructions accompanying this Training Registration Form. If you are a new Trainee please include the training fee of $35.00. If you previously achieved Youth Official status through the Level 1 Training Program no training fee is required. The completed form should be returned as follows:

Craig Brown

9 Kingsbury Lane

Longmeadow, MA 01106

If you are not required to pay the Training Fee you can return the completed form via telecopier (413- 734-3910) or email ([brown@dwpm.com](mailto:brown@dwpm.com)). If you have any questions, please call Craig Brown at (413) 233-9508 (W) or (413) 567-2386 (H) or contact him via email at brown@dwpm.com.

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| --- | --- | --- | --- |
| Date: |  |  |  |
|  | | | [signature]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [print name] |