



## **Waltham Youth Lacrosse 2010 Girls Registration**

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Emergency Phone:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**Grade as of September 2008** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Girls Registration Fee: \$125.00 (grades K-2 will be \$75.00)**

**Please make checks payable to: Waltham Youth Lacrosse**

**Mail checks to:**

**Marianne Duffy, 172 Beal Rd. Waltham, MA 02453**