



Waltham Youth Lacrosse 2010 Boys 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: _____

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

