

Abington Girls Lacrosse Club Registration Form:

Please fill out the requested information below:

Club Name: _____

Director's e-mail address and phone number:

Number of 3rd / 4th grade teams _____

Contact _____ Phone Number _____

Contact E-Mail _____

Do you prefer AM or PM session? _____

Number of 5th / 6th grade teams _____

Contact _____ Phone Number _____

Contact E-Mail _____

Number of 7th / 8th grade "B" teams _____

Contact _____ Phone Number _____

Contact E-Mail _____

Tournament 7th / 8th grade "A" team _____

Contact _____ Phone Number _____

Contact E-Mail _____

Please return the **Registration form**, **Waiver** (if not a member of US Lax) and **Check** made out to **Abington Girls Lacrosse Club** by **April 16, 2010** to:

Elayne Treese
1929 Lycoming Ave
Abington, PA 19001
215 657-1158 (w) 215 837-8169 (cell)