



DATE: _____ PROGRAM: _____

PLAYER INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

School: _____ Grade: _____ Gender: Boy Girl

Date of Birth: _____ Age: _____ Division: Pre K U6 U8 U10 U12 U14 U18

Position: Goalie Defense Midfield Attack Have you previously attended an All West Lacrosse Event? Yes No

Experience: Beginner Intermediate Advanced No. Years Experience Playing: N/A 1 2 3 4+

Club & Team Name: _____ Team Level: A B C JV Varsity Beginner

Roommate Request: _____ (*Overnight Camps Only*)

PARENT/GUARDIAN INFORMATION

First Name: _____ Last Name: _____

Relationship: _____ Email: _____

Home Phone: _____ Cell Phone: _____

PAYMENT

Amount: _____ Cash: _____ Check #: _____ Bank: _____

VISA MasterCard Amex Discover Number: _____

Expiration Date: _____ CVC: _____ Name on Card: _____

CREDIT CARD BILLING INFORMATION – IF DIFFERENT THAN HOME ADDRESS ABOVE

Billing Address: _____

Billing City: _____ Billing State: _____ Billing Zip: _____

ALL WEST LACROSSE USERNAME _____ **PASSWORD** _____

The password you create will allow you access to your personal online account.