



2009 Peewee NB Lacrosse Team
Player Registration Form

Player's Name: _____
Surname First Middle Initial

Date of Birth: _____
Day Month Year

Weight: _____ **Height:** _____

Address: _____

City: _____ **Postal Code:** _____

Phone Number: _____ **Other Phone:** _____

Email Address: _____

Mother's Name: _____ **Father's Name:** _____

Which ID Camp do you wish to attend?

(Please check one)

Sunday, January 25th, 2009 Dieppe _____

Sunday, February 1st, 2009 Saint John _____

Sunday, February 15th, 2009 Saint John N/A _____

* Please note, Feb 15th session is by invite only, select players from the first two sessions will be chosen to attend this final tryout

Please mail your completed registration form to:

Francois LeBlanc
733 Frampton Lane
Moncton, NB
E1G 1S1

