



LOWER MAINLAND MASTERS LACROSSE LEAGUE



2012 REGISTRATION FORM

Name: _____ **Birthdate (yyyy-mm-dd):** _____

Email (please print clearly): _____ **Main Contact Phone #:** _____

BC Care Card # or insurance #: _____

Runner / Goalie: _____ **Shoot Left/Right:** _____

HIGHEST LEVEL PLAYED (please check one, info for player draft)

- new; never played
 minor level (midget or below)
 Intermediate A / B
 Jnr B
 Jnr A
 *Snr C
 *Snr B
 *Snr A / NLL
 masters only

***if Senior, when was your last year played at this level? _____**