ELKHORN KWIK STX LACROSSE REGISTRATION

Return Registration Form and your $40 check to
Elkhorn KWIK STX Lacrosse - PO BOX 152 - Elkhorn WI 53121

	First Name	Last Name
Athlete's Name		
Parent/Guardian		

Athlete's Birthdate: _____ Athlete's Grade _____

T-Shirt Size _____ youth or adult

Address: _____

City: _____ Zip: _____ State: _____

School Attending: _____

Phone 1: _____ Who's number is this? _____

Phone 2: _____ Who's number is this? _____

Email Address: _____

Do we have permission to take photographs of your child for program promotional purposes? Yes _____ No _____

Emergency Contact: _____ Relation: _____

Emergency Contact Number: _____

We are always looking for coaching help. The club will provide the necessary training to be a successful and fun coach no matter what your lacrosse knowledge. Would you be interested in knowing a bit more about the process? Yes_____ No _____