



# FORMULAIRE D'INSCRIPTION / REGISTRATION FORM



## WESTMOUNT LYNX LACROSSE Spring 2014 FIELD LACROSSE FOR PLAYERS AGED 8-15

**Registration Fee is \$200**

[chèques payables à / to "Westmount Lynx Lacrosse"](#)

SURNOM SURNAME			
ADRESSE ADDRESS		CODE POSTAL CODE	
<u>*****IMPORTANT*****</u> <u>COURRIEL / EMAIL</u> <u>ADDRESSES</u>		(TÉLÉ) PHONE	

### INFORMATION – JOUEURS / PLAYERS

PRÉNOM FIRST NAME	SEXE SEX	# D'ASSURANCE MEDICARE #	MALADIE	NAISSANCE DATE OF BIRTH J-D / M / A-Y

### IMPORTANT : TÉLÉPHONE PARENT(S) PHONE #

	NOM / NAME	MAISON / HOME	TRAVAIL / WORK	CELL
Mère Mother				
Père Father				

### À L'USAGE DU BUREAU SEULEMENT / OFFICE USE ONLY

DATE	INITIAL(E)S	PAIEMENT PAYMENT	TOTAL	BALANCE	# RECU RECEIPT #

\* Fees **INCLUDE** – team jersey, referee fees for games, insurance & coaching

\* Fees **DO NOT INCLUDE** – lacrosse equipment, travel costs or tournament costs (if applicable)

If you have any questions concerning Westmount Lynx Lacrosse, please contact  
Peter Zabierek at pmz5@yahoo.com