

# Park City Boy's Lacrosse Payment Form 2007

Player's Name \_\_\_\_\_

Player's Position \_\_\_\_\_ Seasons Played \_\_\_\_\_

Grade \_\_\_\_\_ Birth date \_\_\_\_\_

US Lacrosse # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Mailing Address \_\_\_\_\_

Including Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Primary Email

Neatly Please

Primary Email Address \_\_\_\_\_

Second Email if needed \_\_\_\_\_

Payment by: cash \_\_\_\_\_ or check \_\_\_\_\_ (Payable to PCLO)

### Required Payment to PCLO

2007 PCHS Club Team Fee \$200.00 \_\_\_\_\_

### Required for uniform

Game shorts S M L XL XXL \$30.00 \_\_\_\_\_

### Rental Equipment (IF AVAILABLE)

Helmet \$40.00 \_\_\_\_\_

Shoulder Pads

Arm Guards

Gloves

**TOTAL DUE** \_\_\_\_\_

Date payment received \_\_\_\_\_

Forms received \_\_\_\_\_

Check # \_\_\_\_\_

\_\_\_\_\_ PCHS Club Contract

Received by \_\_\_\_\_

\_\_\_\_\_ ULA Player Contract

\_\_\_\_\_ Medical Release

**Return this form and payment by January 12, 2007 to**

**PCLO**

**3830 W. Lariat Road**

**Park City, Utah 84098**

**Questions? Call Glen Shurtleff 649-4931 or (801) 598-6535**

[Glen.shurtleff@earthlink.net](mailto:Glen.shurtleff@earthlink.net)

