

Park City Girl's Lacrosse Payment Form 2007

Neatly Please

Player's Name _____

Player's Warm-up Size – S – M – L - XL

Player's Position _____ Seasons Played _____

Grade _____ Birthdate _____

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 _____

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

Peg Anderson

3244 American Saddler

Park City, Utah 84060

649-8426

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

glen.shurtleff@earthlink.net