

Middlebury Lacrosse Clinic—Registration Form

**\*\*RETURN BY FEBRUARY 23 \*\***

Please Print Legibly:

Name: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ If goalie, can you bring your own equipment?

Position (Circle):    Attack        Midfield        Defense        Goalie

School: \_\_\_\_\_ HS Grad Year: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

Parent's Email: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Return Check (payable to Middlebury College Women's Lacrosse) and Registration Form to:

**Heidi Howard, Women's Lacrosse, Memorial Field House, Middlebury College, Middlebury, VT 05753**

SORRY, NO REFUNDS