

# Rams Boys Lacrosse

---

---

## Registration Form

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

Address: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Eve. Phone: \_\_\_\_\_

Player's email: \_\_\_\_\_

Grade: \_\_\_\_\_ Jersey size (SM-2XL): \_\_\_\_\_

Shorts size (waist size?): \_\_\_\_\_

Lacrosse experience (years, if any): \_\_\_\_\_

If experienced, preferred position(s): \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Address (if different): \_\_\_\_\_

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

Mother's email: \_\_\_\_\_

Father's email: \_\_\_\_\_

Preferred phone: Daytime: \_\_\_\_\_ Eve: \_\_\_\_\_

Parents' willingness to volunteer: \_\_\_\_\_

Any thing specific you want coaches to know?

Return or fax form to: Rams Lacrosse, 10225 SW Park Way, Portland,  
OR 97225. Team fax = 503-542-8848  
[www.centralcatholiclax.com](http://www.centralcatholiclax.com)