



513-313-1078 | rcstickslax@gmail.com | <https://rcstickslax.com>

## Winter Box Lacrosse Sign-Up

Participant/s Name: \_\_\_\_\_ Age/s: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

*\*Parent or guardian must be at least 18 years of age*

School Attended: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Signature: \_\_\_\_\_