



**CONNECTICUT VALLEY ELITE LACROSSE  
2010 PLAYER REGISTRATION FORM**



Name: \_\_\_\_\_ Age: \_\_\_\_\_ Graduation Year: \_\_\_\_\_ Birth date: \_\_\_\_\_

High School: \_\_\_\_\_ GPA: \_\_\_\_\_ Current High School Coach: \_\_\_\_\_

Coach's E-Mail Address: \_\_\_\_\_ Playing Experience (Years): \_\_\_\_\_

U.S. Lacrosse Membership Number: \_\_\_\_\_ Home Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Personal Lacrosse Goals:

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Target Schools (List 4):

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

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

Please Remit Completed Form To:  
Jim Crozier  
2 Haddam Drive  
Avon, CT 06001