



2010 Team Request Form

- This form applies to Youth levels only (up to grade 8)
- Every effort will be made to accommodate requests, however there are **NO GUARANTEES**
- Mukilteo Lacrosse Club Board of Directors reserves the right to ask for more information or clarification of narrative (see below)
- Request must be received by January 31st, 2010

Please Print

Player Name: _____

Player Age/Grade: (Circle one)

Home Phone #: _____

3/4 5/6 7/8

Player Address: _____

City/State/Zip: _____

Parent email address: _____

School Name: _____

___ Please place my child with (coach or team name): _____

___ Please do NOT place my child with (coach or team name): _____

*The reason for my request is (please use back if needed):

Parents Name: _____ Signature: _____

*request will be denied if this section has not been completed