

**BROOKS LACROSSE ASSOCATION AFFILIATION FORM**

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| --- | --- |
| Affiliate Player’s Name: | Date of Birth: |
| Current Age Division: | Affiliate Age Division: |
| Current Team Coach: | Affiliate Team Coach: |
| Current Coaches Signature: | Affiliate Coach’s Signature: |
| Current Coaches Contact #: | Affiliate Coach’s Contact #: |
| Parent/Guardian Signature: | Date: |
| Requested Game(s) to Affiliate (Date): | Time(s): |

**BLA ONLY**

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| --- | --- | --- | --- |
| Date Received: | Completed in Full: | Approved: | All Parties Advised: |