

**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: |