

INFO@LACROSSE.CA LACROSSE.CA HOUSE OF SPORT, RA CENTRE 245I RIVERSIDE DRIVE OTTAWA, ON KIH 7X7

Appendix 25-5

Notice of Attendance at National Competition

Notice	of Intent to A	Attend a Nationa	al Competition		
Provinc	ial/Associate l	Member Associa	tion:		
Name of Contact: Signature:					
					Position:
Comp	etition				
Box					
	Masters	Senior A	Senior B	Junior A	Junior F
	U22	U17	U15	U13	
Men's	Field Senior	Junior	Intermediate	Youth	
Wome	n's Field Senior	Junior			
Identifi	cation of Clu	ıb/Team			
Has the participating Club/Team been Identified				Yes	No
If the Ci	lub/Team has	been identified, p	lease complete th	e following:	
Name o	f Club/Team				
City			<u> </u>		
Contact	Information f	or Club/Team:			
Name of Contact				_	Title
Addre	ess		<u> </u>		
			_		
Цот	Dhono		_	Duginaga Dh	ono
поте	rnone		_	Dusiness Ph	one

Registration Fee - Payable to Lacrosse Canada

Full Payment Enclosed Deposit Payment to Follow

Website: www.lacrosse.ca E-mail: admin@lacrosse.ca