



## Notice of Attendance at National Competition

### Notice of Intent to Attend a National Competition

Provincial/Associate Member Association: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Date: \_\_\_\_\_

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

### Competition

#### Box

- Masters     Senior A     Senior B     Junior A     Junior B  
 U22     U17     U15     U13

#### Men's Field

- Senior     Junior     Intermediate     Youth

#### Women's Field

- Senior     Junior

### Identification of Club/Team

Has the participating Club/Team been Identified     Yes     No

*If the Club/Team has been identified, please complete the following:*

Name of Club/Team \_\_\_\_\_

City \_\_\_\_\_

*Contact Information for Club/Team:*

Name of Contact \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

### Registration Fee - Payable to Lacrosse Canada

- Full Payment Enclosed     Deposit     Payment to Follow