Exhibition Game Form:	AM LEES
Game Details:	CENTRAL ALBERTA
Division:	
Date and Time:	LACROSSE LEAGUE —
Location:	LACKOSSE LEAGE
Team information:	
Home Team:	
Visiting Team:	
Home LGB if applicable:	
Visiting Team LGB if applicable:	
Home Team Contact Information	Visiting Team Contact Information
Name:	Name:
Role:	Role:
Email:	Email:
Required Signatures:	
Home Club President:	Visiting Club President:
Signature:	Signature:
Date:	Date:
Home Team LGB President or Exec Director	Visiting Team LGB President or Exec Director
Name:	Name:
Signature:	Signature:
Date:	Date:

ALL Players listed on the game roster must be registered in the RAMP system to team specified and approved. No substitutions or unregistered players are permitted. Any affiliated players (APs) must be pre-approved by Local Governing Body (LGB) prior to participation in game. Once completed email to admin@centralalbertalacrosse.com