

Langley Events Centre - 2019/20 Box Lacrosse League

For schedule and league information visit lecboxlax.com

This form must be completed b (must have Adobe Reader, availa		ase print clearl	y or complete in	teractive PDF form	
Participant's First Name:		Last Name: _			
Address:					
City:	Province	e:	Postal Code:_		
Telephone (Day):	Telephone (Evening):				
Email Address:					
Date of Birth (1985 or later):		Jersey Siz	ze (S, M, L, XL, X)	(L):	
Position: Forward Def	ense 🛮 Goalie	Dominant Har	nd: 🗌 Right 📗	Left	
Box Lacrosse Experience Level:					
Method of Payment:					
Amount: \$160 (Including Ta	(x)				
Cheque*	Cash	Debit	Cre	dit Card**	
*Cheques to be made out to NSF Cheques will result in a	•		nt Ltd., 7888 - 2	200 Street, Langley, BC V2Y 3.	J4
**If paying via credit card, pl	ease provide informat	tion below.			
I hereby authorize Ten Feet S		ment Ltd. to c	harge \$160 to	the credit card listed below.	
ype of Credit Card: (Please indicate one)		☐ Visa	Amex	Mastercard	
Name of Cardholder:			_		
Credit Card Number:			Expiry Date: (Month/Year):		
Signature of Cardholder:			Date:		
Please return completed form	to: CBrown@langleye\	ventscentre.c	om or the Adm	inistration Desk at Gate 1	







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Medical information:
Doctor's Name:
Phone Number:
Care Card Number:
Emergency Contact:
Allergies: Yes No Medication: Yes No
If yes provide details:
Signature of Cardholder: Date:
Please return completed form to: CBrown@langleyeventscentre.com or the Administration Desk at Gate 1