



2015 SLA Box Lacrosse Provincial Team

Player Try Out Application Form

PLAYER INFORMATION

First Name: _____ Last Name: _____

Date Of Birth: _____ Sask Health Number: _____

Phone Number: _____ Cell Number: _____

Street Address: _____ City: _____

Postal Code: _____ Email Address: _____

GUARDIAN INFORMATION

First Name: _____ Last Name: _____

Relationship To Player: _____ Email Address: _____

Phone Number: _____ Cell Number: _____

First Name: _____ Last Name: _____

Relationship To Player: _____ Email Address: _____

Phone Number: _____ Cell Number: _____

LACROSSE TRY OUT CAMP INFORMATION

Minor Association: _____ Position Preferred: _____

Shoots: L R Division Trying Out For: PeeWee Bantam Midget

Height: _____ Weight: _____

Try Out Camp Attending: North South T-Shirt Size: Youth: Adult:





Saskatchewan Lacrosse Association



- Players must be the appropriate age for their division by December 15th, 2015
- Players must be registered with the Saskatchewan Lacrosse Association for the 2015 playing season.
- Players must fulfill **ALL** their team commitments as well as the Provincial Team.
- Players attending the initial try-out camp will receive a complimentary t-shirt to be distributed by your member association following the main camp. Tryout camps will be held on April 25th, 2015 in Moose Jaw and April 26th, 2015 in Saskatoon.
- If selected, players are expected to behave in an exemplary manner at all times.
- If selected, players will attend the Minor Box Lacrosse Nationals. Pee Wee and Midget Nationals will be held in Whitby, Ontario from August 1st to August 9th, 2015. Bantam Nationals will be held in Saskatoon, Saskatchewan from July 21st to July 26th, 2015. Teams will also attend a tournament in Calgary or Edmonton during the Canada Day long weekend.
- Players are to follow the criteria and rules as set up by the Canadian Lacrosse Association.
- Players must pay a \$60.00 fee to the Saskatchewan Lacrosse Association for the Team tryout **BEFORE** the tryout.
- Please write player's name on front of cheque and make cheques payable to the: **SASKATCHEWAN LACROSSE ASSOCIATION**

Player's Name (Print): _____ Guardian Name (Print): _____

Player's Signature: _____ Guardian Signature: _____

Date: _____ Date: _____

Please return application and registration fee to : Box Lacrosse Team Sask Application
2205 Victoria Avenue
Regina, SK S4P 0S4

OFFICE USE ONLY	
Date Application Received:	Received Email Sent:
Try Out Fee Received:	Payment Method:





Saskatchewan Lacrosse Association



2205 Victoria Avenue, Regina SK S4P 0S4 | **Ph:** 306.780.9216 | **Fax:** 306.525.4009 | **Email:** lacrosse@sasktel.net

Www.sasklacrosse.net | **Facebook:** /SaskLacrosse | **Twitter:** @SaskLacrosse

