



RENEGADES LACROSSE

P.O. Box 144, Croton Falls, NY 10519 914.720.6832

2011 Summer Travel Team Try Outs Renegade Lacrosse

Name _____

Circle One: 13U 15U 17U

Position _____

Height _____ Weight _____

Tank Top # _____
(to be completed at try outs)

Grade in September 2011 _____ Age _____

Parent Email _____ @ _____
(PLEASE WRITE LEGIBLY)

Phone # _____

School Team _____

Travel Team (if applicable) _____