



CENTRAL DAUPHIN LACROSSE PLAYER INFORMATION SHEET



Player Name: _____

Grade 2011/2012: _____ Birthdate: _____

Player Address: _____

Player Home Phone: _____ Player Cell Phone: _____

Text Messaging (Circle One) YES NO

T-Shirt Size (Circle One) S M L XL XXL

Shorts Size S M L XL XXL

Number Years Playing Lacrosse: _____ Position(s) Played: _____

Other Sports at CDHS: _____

School or Community Club/Volunteer Activities: _____

*Player e-mail: _____

PARENT/CONTACT INFORMATION:

**Only include email addresses you want CD Lacrosse information sent to.*

Mother's/Guardian's Name: _____ * E-mail(s): _____

Home Phone: _____ Cell Phone: _____

Text Messaging (Circle One) YES NO

Father's/Guardian's Name: _____ * E-mail(s): _____

Home Phone: _____ Cell Phone: _____

Text Messaging (Circle One): YES NO

*Return forms to Lisa Page pagefive@paonline.com, fax: 717-651-4733 or
Mail: 4292 Maryland Ct., Hbg Pa 17112*