

VICTORIA SHAMROCKS LACROSSE

JUNIOR FAN CLUB 2010

*** 12 years of age and under may join ***

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone number: _____

Birthdate: _____ 19__

Do you play Lacrosse? YES _____ NO _____

If yes, what Association? _____

(All of the above information is necessary. Please print legibly.)

Please note:

Membership fee is: \$15.00 per child

Make cheque payable to: Victoria Shamrocks Lacrosse
C/O 201-390 Waterfront Cres. Victoria, BC V8T 5K3

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Junior Fan Club office use only:

Date received: _____

Paid: cash _____ cheque _____

MEMBERSHIP NUMBER _____