



**LegendsLacrosse**

## WORKSHOP REGISTRATION FORM

Please complete and return with payment by the deadline to:  
LEGENDS LACROSSE, P.O. Box 754, Brooklandville, MD 21022-0754

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_

USLacrosse Membership #: \_\_\_\_\_ exp. date: \_\_\_\_\_

HS Graduation Yr.:

**Position:**      A                      A/M                      D/M                      D                      GK

Rec. Program/School Affiliation: \_\_\_\_\_

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***Please check the appropriate box for your clinic. Print and mail along with your check payable to Legends Lacrosse.***

(refer to the website for specific workshop dates & deadlines. [www.legendslacrosseclub.com](http://www.legendslacrosseclub.com))

- Legends Workshop** — Shooting
- Legends Workshop** — Goalkeeping
- Legends Workshop** — Defensive Play
- Legends Workshop** — Strength & Agility Training
- Legends Workshop** — Parents Clinic

Participants will need to bring all necessary equipment:  
stick, goggles, mouth guard, cleats/tennis shoes, water bottle.

QUESTIONS? Email: [legendslacrosse@yahoo.com](mailto:legendslacrosse@yahoo.com)

P.O. Box 754 Brooklandville, MD 21022

443.310.9672 [www.legendslacrosseclub.com](http://www.legendslacrosseclub.com)