

Massapequa Chiefs Lacrosse 2008

MEMBERSHIP APPLICATION

Player's Name: _____

Parents Names: _____

Address: _____

Email: _____

Home Phone Number: _____ Grade: ____

Cell Phone Number: _____

2008 Team: _____

- MEMBERSHIP BENEFITS:**
- Family Name in Journal
DEADLINE: APRIL 30, 2008
 - Discount – End of Year Dinner

FAMILY INFORMATION:

MHS Lacrosse Alumni – Name: _____

– Year: _____

Return with a check for \$25.00 per family

Payable to: Massapequa Lacrosse Booster Club

Mail Check to:

Mary Hurst

85 Algonquin Avenue

Massapequa, New York 11758

Our meetings are held every Wednesday night MHS Cafeteria 7:30 PM – all are welcome