

Lynbrook Crease Club



LYNBROOK HS VARSITY BOYS & GIRLS LACROSSE CLINIC

DATE: **Saturday April 17th, 2021** WHO: **Lynbrook Boys and Girls Kindergarten through 8th Grades**

LOCATION: **Marion Street School**

TIME: **Boys 12 – 1:30pm Girls 2 – 3:30pm**

COST: \$25, T-Shirt included to all who register by April 3rd, 2021, walk-ups accepted (T-shirt not incl.)

REGISTRATION: Online at <http://www.lynbrookcreaseclub.com/> or

Please fill out this application and mail/drop off to **79 Peterson Pl, Lynbrook**

PAYMENT: via Venmo: **@LynbrookCreaseClub** PayPal: **lynbrookcreaseclub@gmail.com**
Check made out to **“Lynbrook Crease Club”** or **cash**

Child's Last Name _____

First Name _____

Address: _____

Town: _____

Parent Name: _____

Parent Email: _____

Parent Cell: _____

Circle: Boy Girl Grade: K, 1, 2, 3, 4, 5, 6, 7, 8

T-Shirt Size: Youth XS, S, M, L, XL Adult S, M, L, XL

I hereby state, my child is physically able, and I give my consent to have him/her participate in the Lynbrook Varsity Lacrosse Clinic.

Parent/Guardian Signature _____

Date _____

All individuals attending will be required to wear a mask and practice social distancing

This is not a school sponsored event.

Any questions email us at lynbrookcreaseclub@gmail.com

Approved for Distribution & Posting
3/9/21 tkm Supt. Office