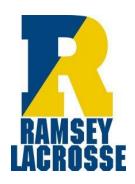
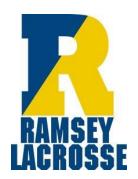
LACROSSE CLINICS



Parent's name

Child's Name_

Grades K through 2
Boys and Girls
Sunday-April 7th, 28th
May 5th and 19th
4:15 – 5:30 p.m.
High School Front Lawn



\$60 per participant

(Includes stick/ball, t-shirt)

Grade	Age	Check #	Amount	
Address				
E-mail Addro	ess v please)		Best Phone Number	
Central Ashould be the Munic hereby releadue to his/her	venue, Ramse made payable sipal Building	ey, New Jersey 07 e to Borough of R and no refunds v creation Commission f he Lacrosse Clinic. Plea	Recreation Commission (446 by <u>Tuesday, 04/2/2</u>) (246 by <u>Tuesday, 04/2/2</u>) (247 be assented by the commission of the Borough of Ramsen assented by the commission of the Borough of Ramsen assented by the commission of the Borough of Ramsen assented by the commission of the Borough of Ramsen assented by the commission of the Borough of Ramsen assented by the commission of the commission o	2019. Checks e accepted at ustained by my child
		<u> </u>	nt/Guardian Signature	
***	*Volunteers		help with the progr	am****
Yes, I ca	n help			
	_	(Name and pho	one number)	

For further information, please contact Dan Polizzotti, 551-427-8508 or ramseyjrlacrosse@gmail.com Christina Chopra, 201-220-1772 or christinachop40@gmail.com