

BLUE CHIP PROSPECTS APPLICATION TO:

2011 EAST COAST LACROSSE COLLEGE SHOWCASE

PLAYER REGISTRATION FORM

Please Choose one:

- Thursday July 21st - 8am-5pm (Girls)
- Friday July 22nd - 8am-5pm (Boys)

NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: _____

EMAIL ADDRESS: _____

DOB: _____ AGE: _____ HT: _____ WT: _____

HIGH SCHOOL: _____ GRAD Yr: _____

GPA: _____ (P)SAT: M _____ V _____ W _____ TOTAL: _____

PRIMARY POSITION: _____

HIGH SCHOOL COACH: _____ PHONE: _____

STATISTICS OR AWARDS: _____

RECOMMENDED BY: _____ TITLE: _____ PHONE/EMAIL: _____

Please send this registration form with payment of \$225 to: * no refunds or cancellations

Blue Chip Prospects
PO BOX 157
BAYPORT, NY 11705

Circle One Payment Method: CHECK OR CREDIT CARD

CC # _____ EXP DATE: _____

PARENTS NAME: _____ SIGNATURE: _____

**** All applications will be reviewed in a timely fashion. Please note, all applicants may not be accepted to attend this showcase. Our staff will contact the person you were recommended by to review your application. We will notify all applicants in regards to the selection process as soon as possible. Thank You**