

2<sup>ND</sup> ANNUAL  
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YOUTH LACROSSE CLINIC

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UNION HIGH SCHOOL LACROSSE  
**REGISTRATION FORM**

Please mail form and check to :

Union Lacrosse  
10026-A S Mingo Rd #240  
Tulsa Ok 74133

Name - \_\_\_\_\_

Address - \_\_\_\_\_

Parent name - \_\_\_\_\_

Parent cell - \_\_\_\_\_

School - \_\_\_\_\_

Grade - \_\_\_\_\_

Email - \_\_\_\_\_

UHS LAX EMAIL – [uhs lacrosse@gmail.com](mailto:uhs lacrosse@gmail.com) / 918-289-8916

