

Individual Registration Form

Important Information:

- **Registration fee: \$50**
- **Provide an active email address to your registration sheet as team assignments and schedules will be emailed**
- Once registration ends, you will be placed on a team and given all information that you need
- For more information, visit www.lcrac.com

Please complete the following information accurately and legibly:

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

EMAIL: _____

CELL: _____ **WORK:** _____

PLEASE CHECK LEAGUES YOU ARE QUALIFIED TO PLAY IN

☐ **MEN'S D** ☐ **COED** ☐ **MASTERS (40 & Over)**

PLEASE CHECK DAYS AVAILABLE TO PLAY

☐ **MONDAY** ☐ **WEDNESDAY** ☐ **THURSDAY**

PRIMARY POSITION: _____

SECONDARY POSITION: _____

ARE YOU INTERESTED IN COACHING? ☐ **YES** ☐ **NO**