

The Centurion Lacrosse Club
Membership Application Form

Name _____

Address _____

_____ Postcode _____

Telephone _____

E-mail _____

Please indicate the Lacrosse Clubs that you have been or are currently associated with

Are you an active playing member of your club? Yes ___/ No ___

Please list those offices you have held in any lacrosse organisation

Signature of applicant _____

Date _____

Please send the completed form, together with a remittance payable to "Centurion Lacrosse Club" in the sum of £40, being the annual subscription to:

Rob Collinge
12 Walsingham
St John's Wood Park
London NW8 6RG