

REGISTRATION FORM

RON HEBERTS ADVANCED LAX CLINICS

FAX this document to 586-498-5501 or EMAIL to 313lax@gmail.com

*Please check session(s) that apply:

Week 1 Coach Hebert's Lacrosse Essentials	\$25_____
Week 2 Individual Offense, Individual Defense	\$25_____
Week 3 Team Offense	\$25_____
Week 4 Team Defense	\$25_____
Week 5 Man Up – Man Down	\$25_____
Week 6 Rides and Clear	\$25_____

Special #1 (6) All Session Package deal \$125_____

Special # 2 Multi coaches Package deal
(Three or more Coaches from one program.) \$99 ea_____

TOTAL \$_____

Make checks payable to 313 Lacrosse 28220 Harper Av, St Clair Shores MI 48081

Coaches Name _____

#2 _____ #3 _____

#4 _____ #5 _____

*Primary Email

*primary email is where all main information and updates will be sent (PLEASE PRINT)

School or Club _____

Primary mobile # _____

Please check the WWW.313LAX.com frequently for more details, updates and complete information on all 313 Lacrosse programs.

Questions? Call us @ 810-523-3699