

BLAINE YOUTH LACROSSE
APPLICATION FOR BOARD MEMBERS
(Members will serve a 2 year term)

Name _____	Date _____		
Home Address _____			
City _____	State _____	Zip _____	Phone _____
Email Address _____	Cell Phone _____		

Do you have children? _____	Ages _____
What school(s) do they attend? _____	

Lacrosse Experience: _____

Special Skills / Interests: _____

Why do you want to become a Blaine Lacrosse board member? _____

Please complete and mail to:

Blaine Youth Lacrosse
4335 Pheasant Ridge DR NE
Suite 224 – PMG 121
Blaine, MN 55449