## **2017 REQUEST FOR GOALKEEPER EQUIPMENT EXEMPTION**

## Valid for the 2017 playing season only

This form will not be accepted without photographs of the goalie in equipment



Please submit form to jean-francois@lacrosse.ca by May 31, 2017

	Address:			
	Player Date of	<sup>-</sup> Birth:	Age: _	
	Exe	emptions applying for (please	check all that	apply)
		submitted photos Shoulder pads Leg guards Pants	Size of equip	
<u>Measureme</u>	nts			
leight:				
Weight:				(from top of shoulder to wrist bone)
Arm Length:				
Waist:				(circumference at belly button)
Ankle to kne	e:		_	
orso				(from collarbone to hip bone)
Parent/Playe	er contact e mail:			
ocal Associa	ation contact e mail:			
Local Associa	tion President Signature	Local Association President	Name	MA Signature
<b>Д</b> Арр	roved by CLA			CLA S&E Committee Chair Signature
Not	Approved by CLA	Date of C	LA Approval:	