



LADY IRISH LACROSSE
Optional Compression Apparel Order

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell: _____

Parents' Names: _____

Mom's work number: _____ Dad's work number: _____

Email: _____ (not Cathedral email address)

Parent's email: _____

Please return to :

Shirley Gordon
6737 Dover Road
Indianapolis, IN 46220

Or at the CHS front desk.

Deadline is February 1, 2007