Waikato Lacrosse Association

Reimbursement for Umpires/Officials – High School Sixes 2026

Your details:

Full name _____

Email address _____

Phone number __ __ __ __ __ __ __ __ __ __

Bank account number__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Signed_____

Date__ __/ __ __/ 20__ __

Waikato Lacrosse Incorporated
Since 2003
treasurer@waikatolacrosse.co.nz