

XTREME LAX '06

TEAM REGISTRATION FORM

Team Name		
Contact		
Phone	Cell	Fax
Email		
Mailing Address	City	Zip

Team Information:

Gender:	Male	Female	
Age Division:			
Youth:	grade 4/5/6 (YOG: 2014-12)	grade 7/8 (YOG: 2011-2010)	
High School:	JV	VAR A	VAR B
College/Club			
Level of Play:	Intermediate	Good	Very Good

Tournament fees should be made payable to **"Mass Elite"**
Team Fee is \$650.00– DUE JUNE 1, 2006

Enclosed, Check # _____

Charge my Credit Card in the amount of: _____

Type: MC VISA

Number: _____ Expiration Date: _____

Name on Card: _____

Mail to: MASS ELITE * PO BOX 501 * N. Scituate, MA 02060 OR Fax with CC to #781-545-8230
Questions? Call Paula Evans or Leslie Frank at #781-344-4465