

XTREME LAX 2010

TEAM REGISTRATION FORM

TEAM CONTACT INFORMATION:

Team Name			
Contact			
Phone	Cell	Fax	
Email			
Mailing Address	City	ST	Zip

TEAM INFORMATION:

Gender:	Male	Female	
Age ~ Division:			
Youth: LOWER, grade 5/6 (YOG: 2016-2017) ___ UPPER, grade 7/8 (YOG: 2014-2015) ___			
High School:	JV ___	VAR A ___	VAR B ___
Level of Play:	AWESOME ___	GOOD ___	

PLEASE NOTE THAT YOUTH DIVISIONS ARE BY GRADE NOT AGE.

Please contact the office for more clarification, if needed...

SAVE \$50 per team if registered before March 1

Tournament fee: \$800 per team, due by March 1 ~ after March 1 the fee is \$850 per team

Payments should be payable to "ACHIEVE LACROSSE"

Enclosed, Check # _____

Charge my Credit Card in the amount of: _____

Type: MC VISA

Number: _____ Expiration Date: _____

Name on Card: _____

Mail to: ACHIEVE LAX * 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