

# XTREME LAX • 09

## TEAM REGISTRATION FORM

### TEAM CONTACT INFORMATION:

Team Name		
Contact		
Phone	Cell	Fax
Email		
Mailing Address	City	Zip

### TEAM INFORMATION:

Gender:	Male	Female	
Age ~ Division:			
Youth: LOWER, grade 5/6 (YOG: 2015-2016) ____ UPPER, grade 7/8 (YOG: 2013-2014) ____			
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...

Tournament fee: \$800 per team, a deposit of \$400 is due by 3/1/09

Payments should be payable to "ACHIEVE LACROSSE"

Balances (\$400) are due by June 1, 2009

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