

11th Annual New England Youth Lacrosse All-star Tournament

Boys Registration Form

<u>Qty</u>	<u>Division</u>	<u>FEE PAID</u>
—	11U Please circle one C-Competitive / B-More Competitive / A-Most Competitive Coach/Contact Name _____ Address _____ Home Phone # _____ Work Phone # _____ Cell # _____ Email _____	_____
—	13U Please circle one C-Competitive / B-More Competitive / A-Most Competitive Coach/Contact Name _____ Address _____ Home Phone # _____ Work Phone # _____ Cell # _____ Email _____	_____
—	15U (NOTE: No High School Players allowed in this Bracket !!!!) Please circle one C-Competitive / B-More Competitive / A-Most Competitive Coach/Contact Name _____ Address _____ Home Phone # _____ Work Phone # _____ Cell # _____ Email _____	_____
—	16U Please circle one C-Competitive / B-More Competitive / A-Most Competitive Coach/Contact Name _____ Address _____ Home Phone # _____ Work Phone # _____ Cell # _____ Email _____	_____

Notes:

- 1) Please make checks payable to “**New England Youth Lacrosse All-star Tournament**”, Mail To: Garry Keane, 1 Mayhew Dr., Amherst, NH 03031,
- 2) Fees: \$950/Team after 5/15/09. Deposit of \$250/Team will hold slots until 6/15/09 and all fees non-refundable after 6/15/09.
- 3) KEY DUE DATES:

Registration by:	to accompany payments/deposit*
Coaches Certifications by:	1 June 2009**
Fees Paid in full:	30 June 2009 ***
Team Rosters by:	30 June 2009

*= Registrations received without a Point of Contact for each team being identified will be returned and not accepted until a person is identified and the contact information supplied.

** = Certifications received after 6/1/09 will not be guaranteed T-Shirt sizes for their players.

***= Any Team that has not paid in full by 6/30/09 will A) not be guaranteed a slot in the tournament, B) will not be scheduled for games and C) will not receive a schedule until full payment is received.