DEXTER LACROSSE CLASSIC

AUGUST 1ST , 2015 (Youth) AUGUST 2ND , 2015 (High School)

**TEAM REGISTRATION FORM**

TEAM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DIVISION: U11B U13B JVB HSB (Circle One)

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY, STATE, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COACH’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COACH’S EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALTERNATE MANAGER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALTERNATE MANAGER EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Participation Fee: **$750.00** - 3 Games per Team with an All-Star(or Championship) game per Division.

Registration accepted in the order received. $300.00 payment with registration to hold a spot.

FULL PAYMENT DUE JULY 1, 2015. DEPOSITS ARE NON-REFUNDABLE.

If full payment is not received by July 1, 2015, your team will be replaced by the next in line with full payment received.

Please make checks payable to: DEXTER LACROSSE ASSOCIATION

Please mail to: PO BOX 521, DEXTER, MI 48130