# BEST OF THE WEST

## TEAM REGISTRATION FORM

MAKE ALL CHECKS OR MONEY ORDERS PAYABLE TO:
THE LAS VEGAS LACROSSE LEAGUE AT 8680 ROSEY CT.,
LAS VEGAS NV 89149

## INSTRUCTIONS

In order to secure a spot in our schedule this year, we are requesting an advance team deposit of $100.00. This deposit will secure a spot for your team in our tournament this year and will allow us to list your team in our on-line registration. Once your team has registered on-line or you have submitted player's waiver forms along with payment, we will refund your deposit. Eligible deposit refunds will be mailed out up until two weeks prior to the tournament. Thereafter they will be available for pick up when your team registers at the event. All checks offered for the payment of the team deposit will be cashed upon receipt with the understanding that all eligible refunds will be returned in the form of a check issued by our league.

Please fill out the information requested on this Registration Form and mail in to:
Las Vegas Lacrosse League, 8680 Rosey Ct., Las Vegas NV 89149.

TEAM NAME: _____

LEAGUE/ DIVISION of REGULAR SEASON: _____

DIVISION: (Circle One) 1) Men's High School Varsity A 2) Men's High School B

3) Boy's Middle School A 4) Boy's Middle School B 5) Girls High School A 6)Girls High School B

HEAD COACH: _____ PHONE: _____

E-MAIL: _____

TEAM PARENT: _____ PHONE: _____

E-MAIL: _____

OTHER TOURNAMENTS TEAM HAS PARTICIPATED IN (if any): _____

_____

2007 WIN / LOSS RECORD: _____

TRAVEL PLANS IF KNOWN: _____

_____

SPECIAL NEEDS (if any): _____