



Gananda Youth Lacrosse Club 2010 Tournament Registration June 19, 2010

Please complete one registration form per team.

Team Name: _____

Head Coach: _____

Check Team Level:

Boys 1&2 3&4 5&6 7&8
 (\$50) (\$50) (\$100) (\$100)

Girls 5&6
 (\$75)

Address: _____

Phone (home): _____ Phone (work): _____

Phone (cell): _____ Email: _____

The certificate of insurance must list "Gananda Youth Lacrosse" and "Walworth Recreation" as Additional Insured and list your team name and organization and the date: June 19.

Make Checks payable to "Gananda Youth Lacrosse" and mail to:

Gananda Youth Lacrosse
3405 Woodlands Circle
Macedon, NY 14502

Coach Signature: _____

Date: _____

For questions contact Steve Nims: steve.nims@thomson.com