



Gananda Youth Lacrosse Club
2008 Tournament Registration
June 21, 2008

Please complete one registration form per team.

Team Name: _____ Head Coach: _____

Check Grade Level: 1&2 3&4 5&6 7&8

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 21.

Make Checks payable to "Gananda Youth Lacrosse" and mail to:
Gananda Youth Lacrosse
Steve Nims
3405 Woodlands Circle
Macedon, NY 14502

Coach Signature: _____

Date: _____

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