



# Hamburg Dog Days Lacrosse Tournament

**Saturday, July 31, 2010**

Team Name: \_\_\_\_\_ Division: \_\_U8\_\_ U10 \_\_U12\_\_ U14 \_\_U17

Coach Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Fee Enclosed: \_\_\_\_\_

Mail completed entry forms, Rosters, Entry Fees to:  
Hamburg Youth Lacrosse, Inc.

5999 South Park Ave. #151 Hamburg, NY 14075

\* Make all checks payable to: Hamburg Youth Lacrosse, Inc.\*



**\*\* Roster \*\***

	Players Name	Jersey #	Birth Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			

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	Players Name	Jersey #	Birth Date
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			

I certify that the above information is accurate. I further agree that if the above roster information is falsely represented, my team will forfeit all entry fees.

Coaches Signature: \_\_\_\_\_ Date: \_\_\_\_\_

