



Hamburg Dog Days Lacrosse Tournament

Saturday, July 25, 2009

**** Registration Form ****

Team Name: _____

Division: _____

Coaches Name: _____

Phone #: _____

Address: _____

Email: _____

\$350.00 Per Team

Make Check Payable to: HAMBURG YOUTH LACROSSE, INC.

Mail To:

Hamburg Youth Lacrosse, Inc.

c/o Dog Days Lax Tournament

5999 South Park Ave. #151

Hamburg, NY 14075

Amount Enclosed: \$ _____

Please send a copy of your Certificate of Insurance along with your check.

Thank You.....

