



Hamburg Dog Days Lacrosse Tournament

Saturday, July 25, 2009

Team Name: _____ Division: __ U9 __ U11 __ U13 __ U15 __ 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: _____

