

LAXTOBERFEST 2010

SPONSORED BY HERO'S LACROSSE, INC.

OCTOBER 2-3, 2010

TEAM REGISTRATION FORM

TEAM NAME: _____

REPRESENTATIVE: _____

ADDRESS: _____

PHONE: Work: _____ Home: _____ Cell: _____

FAX: _____ E-MAIL: _____

DIVISION: MEN'S High School: _____ Elite: _____ Masters: _____

Grandmasters: _____

WOMEN'S HS: _____ Collegiate Club: _____ Elite: _____

TEAM COLORS: _____

REGISTRATION FEE: \$650 *

*A \$50 "thanks for your business" discount is available to returning 2009 teams whose completed registration forms and fees are received on or before June 30, 2010. NO EXCEPTIONS.

NOTE: REGISTRATION CLOSSES SEPTEMBER 1ST OR WHEN FULL WHICHEVER COMES FIRST

TEAM DESCRIPTION: _____

*Please attach roster if available.

ACKNOWLEDGEMENT: I understand that my signature below is confirmation of my team's commitment to participate in Laxtoberfest 2010 and subsequent withdrawal will result in the forfeiture of my registration fee.

Signature of team representative

Date

SEND COMPLETED FORM WITH YOUR REGISTRATION FEE TO:

Renee Ensor Pope, Tournament Coordinator

LAXTOBERFEST 2010

C/O Hero's Lacrosse, Inc.

P.O. Box 852

Severna Park, Maryland 21146

(410) 279-9666 (cell phone)

E-mail: heros_lax@yahoo.com

Website: www.heroslacrosse.com