



## 2010 TOURNAMENT REGISTRATION FORM

June 11, 12 & 13, 2010

ASSOCIATION:	TEAM NAME:
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**Each team is required to submit a roster by SUNDAY, MAY 30, 2010.**

**REGISTRATION:**

#	DIVISION	RATING	COST	SUB-TOTAL
	TYKE	<input type="checkbox"/> C <input type="checkbox"/> D	\$ 550.00/team	\$
	NOVICE	<input type="checkbox"/> C <input type="checkbox"/> D	\$ 550.00/team	\$
	PEEWEE	<input type="checkbox"/> C <input type="checkbox"/> D	\$ 550.00/team	\$
	BANTAM	<input type="checkbox"/> C <input type="checkbox"/> D	\$ 550.00/team	\$
	MIDGET	<input type="checkbox"/> B <input type="checkbox"/> C	\$ 550.00/team	\$
<b>TOTAL</b>				\$

**PAYMENT:**

*Please select one:*

<input type="checkbox"/> <b>CHEQUE</b> – Please make payable to <b>Kingston Lacrosse Association</b> : no postdated cheques please		
<input type="checkbox"/> <b>CREDIT CARD</b> – Please complete information below:		
<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa	Card no.	Expiry Date
Amount to be Billed \$	Name on Card	Signature & Date

**CONTACTS:**

#	DIVISION	TEAM CONTACT	EMAIL	PHONE #
1				
2				
3				
4				
5				

Please mail completed forms to:  
**Kingston Lacrosse Association, PO Box 20055, Kingston, ON K7P 2T6**  
**Attention: Angela Rozendal, Tournament Coordinator**

FOR ASSOCIATION USE ONLY		
DATE RECEIVED	PAYMENT AMOUNT RECEIVED \$	PAYMENT METHOD <input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa
CREDIT APPROVAL	RECEIVED BY (INITIAL)	<input type="checkbox"/> ROSTER(S) RECEIVED