



Colin L. Cassidy Memorial Lacrosse Tournament Team Registration Form

Suggested per-player donation \$25

Each player who donates \$40+ will receive a tournament T-shirt

For all per-player donations, 100% is tax-deductible. However, if a player donates \$40+, all but \$5 (for the tournament T-shirt) is tax-deductible.

Please make checks payable to "KSE Charities"

Team registration & donation deadline is September 1, 2009.

TEAM INFORMATION Gender (please circle): M F Age Division* (please circle): 9U 11U 13U 15U HS JV HS V Adult

*Log on to www.ndplacrosse.com for tournament rules and age clarification

Team Name: _____ Coach/Team Contact: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell: _____ Email: _____

Skill Level (if registration allows) (please circle): Competitive Recreational

PLAYER INFORMATION (ROSTER SIZE: YOUTH/HS 7-12 PLAYERS, ADULT 10+ PLAYERS)

GOALIE
Name: _____
DOB: _____ Jersey Number: _____
Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: _____
Email: _____
Donation: \$ _____ If donation is \$40+, please circle shirt size: XS S M L XL

PLAYER 2
Name: _____
DOB: _____ Jersey Number: _____
Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: _____
Email: _____
Donation: \$ _____ If donation is \$40+, please circle shirt size: XS S M L XL

PLAYER 3
Name: _____
DOB: _____ Jersey Number: _____
Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: _____
Email: _____
Donation: \$ _____ If donation is \$40+, please circle shirt size: XS S M L XL

PLAYER 4
Name: _____
DOB: _____ Jersey Number: _____
Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: _____
Email: _____
Donation: \$ _____ If donation is \$40+, please circle shirt size: XS S M L XL

PLAYER 5
Name: _____
DOB: _____ Jersey Number: _____
Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: _____
Email: _____
Donation: \$ _____ If donation is \$40+, please circle shirt size: XS S M L XL

PLAYER 6
Name: _____
DOB: _____ Jersey Number: _____
Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: _____
Email: _____
Donation: \$ _____ If donation is \$40+, please circle shirt size: XS S M L XL

PLAYER 7
Name: _____
DOB: _____ Jersey Number: _____
Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: _____
Email: _____
Donation: \$ _____ If donation is \$40+, please circle shirt size: XS S M L XL

PLAYER 8
Name: _____
DOB: _____ Jersey Number: _____
Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: _____
Email: _____
Donation: \$ _____ If donation is \$40+, please circle shirt size: XS S M L XL

PLAYER 9
Name: _____
DOB: _____ Jersey Number: _____
Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: _____
Email: _____
Donation: \$ _____ If donation is \$40+, please circle shirt size: XS S M L XL

PLAYER 10
Name: _____
DOB: _____ Jersey Number: _____
Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: _____
Email: _____
Donation: \$ _____ If donation is \$40+, please circle shirt size: XS S M L XL

PLAYER 11
Name: _____
DOB: _____ Jersey Number: _____
Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: _____
Email: _____
Donation: \$ _____ If donation is \$40+, please circle shirt size: XS S M L XL

PLAYER 12
Name: _____
DOB: _____ Jersey Number: _____
Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: _____
Email: _____
Donation: \$ _____ If donation is \$40+, please circle shirt size: XS S M L XL

Adult teams please use the following pages if you have more than 12 players on your roster.

For more information, contact Kurt Dzaman at 303.575.1902 or email kdzaman@pepsicenter.com.

Please mail completed registration forms and donations to: KSE Charities / Attn: Lacrosse / 1000 Chopper Circle / Denver CO, 80204

