

# Bridgewater Sports Complex

350 Bedford Street, Bridgewater, MA 02324 – Phone # (508) 697-8318 – Fax # (508) 697-5815

## LACROSSE TEAM APPLICATION 2005/2006

**Team Name:** \_\_\_\_\_

Coach: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

TOWN: \_\_\_\_\_ BUS. PHONE: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ CELL PHONE \_\_\_\_\_

Asst. Coach/Manager: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

TOWN: \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**\$1000.00 / Session**

Please check off BOYS/GIRLS and request level of play.

Bridgewater Sports Center Staff will have the final say as to placement of teams.

**BOYS AGE GIRLS**

**Check off desired session (s)**

	U11	
	U13	
	U15	

Session I	Dec.-Jan	
Session II	Feb - Mar.	

High school JV level leagues **will** be considered.

Teams will be scheduled for 7 games with the top 50% advancing to playoffs .....

Each game will have two MIAA certified officials on a 100 x 140 foot **un-boarded** field. We will play two 25 minute periods running time. Games will be on Friday and/or Saturday evenings.

**7 v 7**

Modified outdoor lacrosse rules will be followed.

**\$200 deposit must accompany this application**

FOR OFFICE USE ONLY:				
Payment method & amount:			Amount Due:	
Check #:	Cash:	MC:	VISA:	Total Paid:
Check #:	Cash:	MC:	VISA:	Total Paid:
Check #:	Cash:	MC:	VISA:	Total Paid:
Check #:	Cash:	MC:	VISA:	Total Paid: