



BEGINNING OUR 23rd YEAR
410-908-4567 or 410-931-2331 (office)

(Office) 8050 Old Montgomery Rd Ellicott City, MD 21043
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TEAM APPLICATION FOR GIRLS' YOUTH INDOOR LACROSSE PROGRAM 2011-12

TEAM'S FULL NAME (ONE APPLICATION PER TEAM) _____
CHOOSE ONE: TYKER ___ LIGHTNING ___ MIDGET ___ JUNIOR ___
SIGNATURE OF PERSON COMPLETING THIS FORM: _____

CONTACT PERSON

NAME _____
HOME PHONE _____ CELL _____
WORK PHONE _____
E-MAIL _____
ADDRESS _____
CITY/TOWN _____ STATE _____ ZIP _____

COACH (complete if different from contact person)

NAME _____
HOME PHONE _____ CELL _____
WORK PHONE _____
E-MAIL _____
ADDRESS _____
CITY/TOWN _____ STATE _____ ZIP _____

ASSISTANT COACH (Write "NONE" on the name line if there is no assistant.)

NAME _____
HOME PHONE _____ CELL _____

TEAM FEES: Tykers and Lightning = \$1550 Midgets = \$1750 Juniors = \$1750

This fee covers field rental for 1 practice, 8 games; referee, assigner, and scorekeeper payments; 6 lacrosse balls plus game balls; and office and other operating expenses. Teams provide their own game jerseys and player equipment. Coaches do not have to pay the referees. We do this for you. It is included in your team fee. There is a **MINIMUM DEPOSIT** of **\$300**, which is to accompany this application form to hold a place for your team. The **BALANCE** is due by **MONDAY, OCTOBER 10th**.

PAYING BY CHECK: Payable to **FASTBREAK LAX** mail to

Fastbreak Lax 8050 Old Montgomery Rd Ellicott City MD 21043

PAYING BY CREDIT CARD: complete the following information (Note: Your credit card information will remain confidential.)

AMOUNT _____ SELECT ONE (no debit cards): MASTERCARD ___ VISA ___ DISCOVER ___

PRINT NAME EXACTLY AS IT APPEARS ON THE CARD: _____

CARD NUMBER: _____ EXPIRATION DATE: Month ___ Year _____

BILLING ADDRESS FOR THE CREDIT CARD _____ ZIP _____

E-MAIL ADDRESS FOR ELECTRONIC TRANSACTION RECEIPT _____

CARDHOLDER'S SIGNATURE _____ **DATE** ___ / ___ / ___