



BEGINNING OUR 23rd YEAR

(Office) 8050 Old Montgomery Road, Ellicott City, MD 21043

Office 410-908-4567 or 410-931-2331 Fax: 410-931-2886

Web Site: www.fastbreaklax.com E-mail: fastbreaklax@comcast.net

TEAM APPLICATION FOR BOYS' HIGH SCHOOL INDOOR LACROSSE PROGRAM 2011-12

TEAM FEE IS \$ 2400 (Same as last year's rate). A minimum **deposit of \$ 500** is to be included with this application. The balance of \$ 1900 is due no later than Tuesday, October 11th. **Contact Steve Burnham at 410-908-4567 if you need more time to make your final payment. One application per team.**

MAKE CHECKS PAYABLE TO FASTBREAK LAX & mail to:

Fastbreak Lax 8050 Old Montgomery Road Ellicott City, MD 21043.

If paying by credit card, go to the bottom of this form.

TEAM'S FULL NAME _____

CHOOSE ONE: VARSITY A ___ VARSITY B ___ JV A ___ JV B ___

SIGNATURE OF PERSON COMPLETING THIS FORM _____

ORGANIZER / CONTACT PERSON

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

COACH (complete if different from organizer / contact person)

NAME _____ HOME PHONE _____
WORK PHONE _____ CELL 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 _____

IF PAYING BY CREDIT CARD, COMPLETE THE FOLLOWING INFORMATION and mail this

completed form to **Fastbreak Lax 8050 Old Montgomery Road Ellicott City, MD 21043.**

Note: This information will not be given out to anyone or to any business.

CHECK ONE (No debit cards please.) VISA ___ MASTERCARD ___ DISCOVER ___

NAME (PRINT EXACTLY AS IT APPEARS ON THE CARD): _____

CARD NUMBER: _____ EXPIRATION DATE: Month ___ Year ___

CARDHOLDER'S BILLING ADDRESS AND ZIP CODE _____

AMOUNT \$ _____

CARDHOLDER SIGNATURE _____