



Spring Thaw 2010 Registration form
(One registration form per team per age group)

Team Club Name: _____

Coach's Name: _____

Coach's E-mail: _____

Coach's Cell Phone: _____

Mailing Address for club:

Mailing Address for coach:

Age/Skill Bracket: (circle one)

U11

U13B

U13A

U15B

U15A/Middle School

Number of players: _____

Jersey Colors

Jersey: _____

Lettering: _____

Please make your \$500 registration check payable to:

Coventry Youth Lacrosse

Mail to:

6 Houndstooth Lane

Chester Springs, PA 19425

(Please print out form and send this along with the check)

Check our website for games schedules which will post approximately 1 week before the tournament – www.ojrlacrosse.com

Thank you for your participation!

If you have any questions, please e-mail springthaw@comcast.net