



Lacrosse Winter 1 & Winter 2 Seasons - Team Application 2011-2012

Please fill out the application below. **A \$300 NON-REFUNDABLE DEPOSIT IS DUE WITH LEAGUE APPLICATION. FOR ONLINE APPLICATIONS, WE MUST RECEIVE THE DEPOSIT WITHIN 3 DAYS OF NOTIFICATION OF LEAGUE ACCEPTANCE. IF WE DO NOT RECEIVE THE DEPOSIT WITHIN 3 DAYS, YOUR SPOT WILL NO LONGER BE HELD IN THE LEAGUE – NO EXCEPTIONS.** Mail the completed application below with payment to The Sports Zone, 29 Trefoil Drive, Trumbull, CT 06611. If paying by check or money order, please make payable to **The Sports Zone. The Box lacrosse team fee for the Winter 1 session is \$1000.00 for 8 games and the Winter 2 box league fee is \$1600.00 for 12 games. The Full outdoor size field team fee is \$1,900.00 for the Winter 1 Girls & Boys HS session (8 games). The Full outdoor size field team fee is \$2,800.00 for the Winter 2 Girls & Boys HS session (11 games).** Teams that fail to submit full payment and completed forms by the due date given will not be permitted to play. Please note that teams are placed in leagues on a space available basis, in the order in which they are registered and paid. Cancellations must be requested at least four weeks prior to the start of the season; however deposits are non-refundable.

Club/Team Name: _____
Uniform Color: _____
Team Representative: _____ Date of Birth: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____
Work Phone: _____ Cell Phone: _____
E-mail: _____ Fax: _____
Coach's Name: _____ Coach's Phone: _____

Season Information
Season: _____ Winter 1 _____ Winter 2 (See schedule information for season date details.)
League/Division (circle one): Youth A, Youth B
Field Preference: _____ Full "Outdoor Size" Field _____ "Box Lacrosse" Field
Youth Age Category (circle one): 3 rd & 4 th , 5 th & 6 th , 7 th & 8 th , H.S. JV, H.S. Varsity
Gender (circle one): Male Female
Comments:

Billing Information
If paying by credit card, please come into The Sports Zone to swipe your credit card.
Visa/MasterCard (circle one): # _____ Expires (Mo. & Yr.): _____
Amount: \$ _____ Cardholder Name: _____
If paying by check or money order, please make payable to The Sports Zone, and mail payment along with completed application.

Office Use Only:
Received Amount (circle one) <input type="checkbox"/> Y <input type="checkbox"/> N Enter Initials _____
Payment: Check/MO# _____ MC/VISA _____ Cash _____
Notes: _____