



2010 NASSAU COUNTY FALL LACROSSE

TEAM NAME: _____ **DATE:** _____

1. Team Rep: _____ (Name) (Email)

Address: _____ (Street)

_____ (Town) (State) (Zip
code)

Phone Number : (home) _____ (cell - business) _____

All Games to be played MONDAY, TUESDAY OR WEDNESDAY NIGHTS.
Game Times 7pm, & 9pm.

Circle Preferred League

Open

Over 30

Over 40

DATE: _____ **DEPOSIT:** _____

TO SECURE A SPOT FOR YOUR TEAM IN THE 2010 NASSAU COUNTY FALL LACROSSE LEAGUE, PLEASE FILL OUT THE ABOVE INFORMATION AND SEND A \$150.00 REGISTRATION FEE MADE OUT TO TREASURER OF NASSAU COUNTY TO :

**Attention John Pappas
Cantiague Park
480 West John St.
Hicksville NY 11801**

**NOTE: THE DEPOSIT WILL GO TOWARDS YOUR TOTAL REGISTRATION FEE:
Registration is on a first come first serve basis.**

I have read the 2010 Nassau County Fall Lacrosse rules and regulations and fully understand the terms of the league. For further information contact John Pappas at 516-571-7052

Email: jpappas@nassaucountyny.gov

Signature of Team Representative: _____