

Nor'Easter



LACROSSE

2012

WOMENS OPEN DIVISION

Nor'Easter Lax was designed to host Long Island Lacrosse Teams in a Tournament on Long Island. We held our **Fifth** Tournament in July of 2011. We also host a successful Men's Grand Masters, Masters, and Men's Open Lacrosse leagues. In 2010 we began hosting our first Women's Open Division League. which will begin play on Monday June 4th 2012. Players will be 18yrs or older. Game times will vary from 7-9pm on Monday's. You will play a 7 game schedule, playoffs for top teams in division. Trophy awarded to champion along with championship shirts. The cost is **STILL** only \$1800.00.

- Play at PAL complex located in Holtsville.
- All games on a state of the art field turf field fully illuminated.
- Games will be played Monday nights and/or possibly Friday nights starting at 7pm.
- Play begins in June 2012.
- Get on our mailing list at noreasterlax@yahoo.com

Please fill out the application and return it by May 8th 2012 with a deposit of \$500.00. Balance will be due by your team's first game. All checks should be made out to Nor'Easter Lax . Credit cards accepted on site. Return

Apps to:

Nor'Easter Lax
PO Box 504
Holbrook, NY,

Nor'Easter Womens Open Summer League
2012 Registration

www.noreasterlax.com

Team Name _____

Team Representative _____
(Name)

Address _____
(Street)

(Town) (State) (Zip)

Phone Number – Home _____

Cell _____

Email _____

To secure a spot in the league, please forward your **\$500.00 deposit** payable to Nor'Easter Lax, with the above information by **May 8, 2012** to:

Nor'Easter Lax
PO Box 504
Holbrook, NY, 11741

League Directors:

John Lang – phone –631-388-3163

Rich Petillo – phone– 631-523-8354

Or email us at noreasterlax@yahoo.com

You may also drop it off in person.

The Balance will be due by your team's first game.

Please avoid any individual payments. Team payments only from Team Rep

I have read this registration form and fully understand the terms of the league.
I will advise all team members of league rules.

Signature of Team Representative _____
(SIGNATURE) (DATE)