

2009 Pumpkin Classic Team Registration Form

Team Name:	
School / Association:	
Address:	
Coach's name and phone:	
Coaches email address:	
Additional Contacts:	
Additional Contacts email:	

Team Roster

1	Player's Name	Jersey Number	Height	Weight	Shirt Size SM-XXL	Grade (circle one)				Medical Release	
						FR	SO	JR	SR	Y	N
2						FR	SO	JR	SR	Y	N
3						FR	SO	JR	SR	Y	N
4						FR	SO	JR	SR	Y	N
5						FR	SO	JR	SR	Y	N
6						FR	SO	JR	SR	Y	N
7						FR	SO	JR	SR	Y	N
8						FR	SO	JR	SR	Y	N
9						FR	SO	JR	SR	Y	N
10						FR	SO	JR	SR	Y	N
11						FR	SO	JR	SR	Y	N
12						FR	SO	JR	SR	Y	N
13						FR	SO	JR	SR	Y	N
14						FR	SO	JR	SR	Y	N
15						FR	SO	JR	SR	Y	N
16						FR	SO	JR	SR	Y	N
17						FR	SO	JR	SR	Y	N
18						FR	SO	JR	SR	Y	N
19						FR	SO	JR	SR	Y	N
20						FR	SO	JR	SR	Y	N
21						FR	SO	JR	SR	Y	N
22						FR	SO	JR	SR	Y	N

Coaches

1											
2											
3											

Please send payment with Rosters before September 20th. Roster information is needed for t-shirt ordering. You can email rosters to pculichia@gmail.com or mail with your team registration check for \$475.00 payable to SVLA, Seneca Valley Lacrosse Association, P.O. Box 1703, Cranberry Twp, PA 16066. Medical releases are not due until game day. Jersey numbers, height and weight information is needed for information packets that will be distributes to college coaches attending.



www.svlacrosse.org

