

**11th Annual Louisville Icebreaker Lacrosse Festival
Louisville, Kentucky @ Louisville Champions Park
March 13th & 14th, 2010**

Application

HS Boys Varsity _____ HS Boys JV _____ MS Boys _____ Skill Level: A _____ B _____

Team Name _____

City & State _____

Head Coach: _____ E-mail _____

Home Phone _____ Work Phone _____ Cell _____

Asst. Coach _____ E-mail _____

Home Phone _____ Work Phone _____ Cell _____

Team Hotel _____ Number of rooms _____

Number of players attending: _____ Number of experienced players attending: _____

2009 overall record _____ 2009 league standing _____

Year team has been established _____

Other information to assist with festival game planning For Example: We want to play 4 games on Sat and 2 Sunday

Anticipated travel dates: Arrival Day _____ Arrival Time _____
Departure Day _____ Departure Time _____

The above named team hereby submits its application to Louisville Icebreaker Lacrosse Festival, sponsored by Stickhead Lacrosse and Sports. The authorized team contact signing below certifies that all players attending will have current US Lacrosse membership with valid expiration date at the time of their participation. I team roster with current US Lacrosse numbers and expiration dates must be submitted by February 1st.

Enclosed is our non-refundable deposit of \$200.00 made payable to Louisville Lacrosse, LLC.

Signed by: _____ Date _____

Print Name: _____ Position _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ E-mail _____

Mail Completed Application & Check to:
Louisville Lacrosse, LLC
C/O Stickhead Lacrosse & Sports
12623 Shelbyville Road
Louisville, Kentucky 40243
502-245-7849