



www.the422sportsplex.com ♦ 1400 Industrial Hwy ♦ Pottstown, PA 19464 ♦ 610.323.9600

Youth Lacrosse Registration

Please read the following information carefully. Teams will play 7 or 8 games.

Payment Information

Please return this form along with a \$150 deposit to hold your team's league spot. Leagues are filled on a first come, first serve basis. Acceptable forms of payment are check, cash, Visa or MasterCard.

Session Date

_____ (see website)
(Saturday & Sunday Games, 7am-7pm)

Costs

Teams: _____ (see website)

Full payment is due by your first scheduled game. If full payment is not received by the first game, a \$50 late fee will be added to your invoice. If payment is not received by the second week, that game will be forfeited. If payment is not received by the third game, teams will not be allowed to play the remainder of the season.

Note: Fighting or any other offensive behavior will not be tolerated. Teams and/or individuals can and will be thrown out of the league (and possibly banned from the facility), with no money refunded.

Team Information

The 422 SportsPlex reserves the right to place teams in any division they choose. Teams will not be allowed to move out of the divisions in which they are placed. All requests for byes must be made before the schedule is posted. After the schedule is posted, rescheduling requests will not be honored. **Before your first game, we must receive a completed roster/waiver form for each team.**

Team Name _____ Jersey Color _____

League Start Date _____ Age Groups (circle one): Middle School JV Varsity

Coach/Team Manager

Name _____ Home Phone _____

Address _____ Work Phone _____

_____ Cellular Phone _____

Facsimile _____ Email _____

Other Contact Name _____ Phone Number _____

Does your team need extra players? _____ If yes, how many extras do you need? _____

Refund Policy: If games are cancelled due to inclement weather or any other unforeseeable circumstance, we will attempt to reschedule play at a later date. However we cannot guarantee that cancelled games will be rescheduled.

For Office Use Only

Cash

Check (Check # _____)

Charge (circle)

MasterCard

Visa

Credit Card # _____

Exp _____

Amount _____

Initials _____