



# SILVER SACHEMS

## 2009 REGISTRATION FORM

To reserve your slot of the roster for the 2009 season, please complete the form, include your payment and mail to the address below.

Name	
Street Address	
City/Town, ST Zip	
Home Phone	
Cell Phone	
Email Address	
Date of Birth	
Age as of June 1st	
Returning Player	Yes                      or                      No

Playing Experience – College	
# of Years Club	
Position Preference	#1 -                      #2 -                      #3-
Jersey Size – Circle One	S              M              L              XL              XXL
Shorts Size – Circle One	S              M              L              XL              XXL
Number Preference	#1 -                      #2 -                      #3-
Interest to Serve as Coach?	Yes                      or                      No

Total Cost of Registration Make Checks payable to: "Silver Sachem Lacrosse Club"	To Be Determined Based on the Number of the final Roster (30 Players - \$160 >>> 24 - \$200)
Refundable Deposit (Due by March 31 <sup>st</sup> )	- \$50.00
Balance Due (Late fee of \$25 will be assessed for payments received after April 30 <sup>th</sup> )	

Names/Email Addresses of others you know who may be interested to play	
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