

**OYSTER BAY LACROSSE LEAGUE
REGISTRATION
SPRING 2010**

TOWNSHIP: _____ **TOWN:** _____ **DATE:** _____

1. Team Representative: _____
(Name)

Address: _____
(Street) (EMAIL)

(Town) (State) (Zip code)

Phone Number : (home) _____ (cell - business) _____

2. Team Representative: _____
(Name)

Phone Number: (home) _____ (cell - business) _____

CIRCLE ONE

BOYS GRADE - 1 2 3 4 5 6 7 8 _____

GIRLS GRADE - 1 2 3 4 5 6 7 8 _____

DATE : _____ **DEPOSIT:** _____

**IF YOU WANT TO SECURE A POSITION FOR YOUR TEAM IN THE 2010 OYSTER BAY
SPRING LACROSSE LEAGUE, PLEASE FILL OUT THE ABOVE INFORMATION AND
RETURN IT WITH A \$200.00 DEPOSIT TO THE FOLLOWING ADDRESS BY JAN 15 2010..**

O. B. L. L. REGISTRATION

Mike Chanenchuk at 631-514-4246
PO Box 545
East Setauket, NY 11733