



# John Pepper

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## Memorial Lacrosse Tournament

Camillus, New York

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### TEAM REGISTRATION FORM (For Sunday Tournament ONLY)

John Pepper Memorial Lacrosse Tournament

Team/Program Name: \_\_\_\_\_

Contact/Coach Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone/Fax: ( ) - ( ) - \_\_\_\_\_

Division: \_\_\_\_\_

( ) 3-4 ( ) 5-6 ( ) 7-8 ( ) 9-10

Team Caliber/Experience: \_\_\_\_\_

- This registration form should be completed for each team entered and submitted by June 30th
- Include the \$600 registration fee. Checks should be made payable to the John Pepper Memorial Athletic Fund, Inc. You may also make a \$250 deposit now and pay the balance by 6/30. No refunds after June 1<sup>st</sup>.
- For those that wish to pay your deposit or payment by credit card or PayPal, please use the form on our website; [www.johnpepperlax.com/information](http://www.johnpepperlax.com/information) and mail this form to the address below.
- Send boys registration fee and documentation to:

**John Pepper Memorial Athletic Fund, Inc.**

**PO Box 292**

**Camillus, NY 13031-0292**