Allstate Sugar Bowl Lacrosse Classic: January 29-31, 2010

Team Roster – US Lacrosse Membership – Insurance Info – T-Shirt Order -

Head Coach: _____ **Team Colors:** _____

Team Name: _____ **V/JV/F/MS:** _____

FORM MUST BE COMPLETED AND RETURNED BEFORE 01/08/2010 FOR INCLUSION IN BROCHURE

Position (A/M/D/G)	Jersey #	First Name	Last Name	Date of Birth	School Grade	US Lacrosse Member (Y/N)	T-Shirt Size (S/M/L/XL)