***1st Annual Warlocks Border City Bash Intermediate Tournament***

***June 19th – 21st Forest Glade Arena – Windsor, Ontario***

***COST $675 with 4 game guarantee.***

**Registration Form**

*TEAM INFORMATION*

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Name & Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Team number mandatory)

Age Division:  \_\_\_\_\_\_\_\_\_\_ Intermediate Boys      \_\_\_\_\_\_\_\_\_\_\_ Intermediate Girls

Preliminary Rating: \_\_\_\_\_\_\_\_\_\_\_\_

\*\* IF MORE THAN ONE TEAM IN YOUR ORGANIZATION OF THE SAME AGE GROUP – PLEASE STATE TEAM NUMBER 1, 2 OR 3 – THIS ELIMINATES CONFUSION WHEN CREATING SCHEDULE\*\*

Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      Submit Roster Below

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We require this information to ensure we can contact your team in an urgent situation

DIVISION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   TEAM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COACH NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COACH CONTACT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MANAGER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MANAGER CONTACT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your participation in the 1st Annual Warlocks Border City Bash Intermediate Tournament.

 PLEASE COMPLETE THIS FORM AND RETURN TO: [tourney.dir@warlockslacrosse.com](mailto:tourney.dir@warlockslacrosse.com)

Cheque or Money Orders made payable to: Windsor Minor Lacrosse Association

Mail to:

Tournament Director

1286 Belleperche Pl. Windsor,ON N8S3C5