



John Pepper

Memorial Lacrosse Tournament

Camillus, New York

TEAM REGISTRATION FORM

John Pepper Memorial Lacrosse Tournament

Team/Program Name: _____

Contact/Coach Name: _____

Mailing Address _____

Street: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone/Fax: () - () - _____

Division: _____

Boys: () 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 \$450 registration fee. Checks should be made payable to the John Pepper Memorial Athletic Fund, Inc.
- Send boys registration fee and documentation to:
John Pepper Memorial Athletic Fund, Inc.
PO Box 292
Camillus, NY 13031-0292