NCPAL REGISTRATION, GIRLS SEEDING and SPECIAL REQUESTS FORM 2017

PLEASE COMPLETE THIS FORM AND E-MAIL IT TO
Info.ncpallax@gmail.com

Must be e-mailed on-or-before February 1, 2017

Girls

Please fill out forms for your Girls Programs

Name of Town: _____ __Yes __ NO USLacrosse Insurance

Director: _____ **Phone #:** _____

Director's Email: _____

Number of Fields Available each week: _____

Special Requests: (Only One Per Town - Lacrosse Day, Coaches with Multiple Teams or Field Limitations)

List each team you have with the Head Coaches name and email address

If you have more then one team at a given level identify them by color (Red, Blue, etc)

Grade Enter grade and color if more than 1 team in age group	Coach's Name	Coaches E-mail	Division in 2016 (Red, White, Blue, Gold)	BOYS RECORD Last Year 2015	Level requested this year on a Scale of 1 to 3: 1-Excellent, 2-Good, 3-Average	Essentially Same Team as last year (Yes or No)	Any Other Information for Seeding
3 - Black	John Doe	jdoe@optonline.net	Red	W- 7 L- 1	1	Yes	Strong team
3 - Green	Billy Smith	bsmith@gmail.com	Gold	W- 3 L- 5	3	No	Weak team with a few strong players
4	Tom Jones	Tjones@yahoo.com	White	W- 4 L- 4	2	Yes	Solid team
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