

DISNEY LACROSSE 2ND ANNUAL FALL CLASSIC INVITATIONAL - TEAM ROSTER

TEAM NAME/ AGE DIVISION		
LOCATION (CITY AND STATE)		
CLUB NAME		
COACH'S NAME(S)	CELL PHONE NUMBER	EMAIL ADDRESS



#	PLAYER'S FIRST AND LAST NAME	JERSEY #	BIRTH DATE	AGE AS OF OCTOBER 1, 2010	US LACROSSE NUMBER	PARTICIPATION WAIVER SUBMITTED (Yes or No)
1						
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25						

ADDITIONAL STAFF NAMES	CELL PHONE NUMBER	EMAIL ADDRESS	POSITION

PLAYER COUNT	Submit completed Team Rosters by email (info@gettravel.com) or fax (916.939.6806) Attn: Disney Lacrosse For Tournament Questions please contact the Tournament Director Paul Ramsey at 888.500.8151 Contact GET Travel Sports at 888.877.4445 option 3 for specially priced hotels and Disneyland® Resort Theme Park tickets
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