



**2018 VAIL LACROSSE SHOOTOUT
REQUEST FOR ENTRY
Men's Masters Division**



Men's Masters Division

Team Name: _____

Team Contacts (please provide a main and a secondary contact):

Main contact: _____ 2nd _____

Address: _____ 2nd _____

Phone nos. _____ 2nd _____

Email: _____ 2nd _____

Fax: _____ 2nd _____

Geographic area, state, league or school alumni your team represents and estimated number of players that would actually come from this area: _____

What is the **selection process** for your team:

Strength of your organization (does your team have a sponsor; do you already have players committed, etc.) _____

RETURN THIS FORM BY TO:
International Lacrosse Promotions
c/o Connie Streich
vaillaxinfo@comcast.net
(or by mail to 7056 Turweston Lane, Castle Pines, CO 80108)

If you would like information about girls/women's divisions contact Michelle Secor at secorjm@gmail.com or at 719-528-1090. General tournament info at www.vaillacrosse.com or contact Connie Streich at vaillaxinfo@comcast.net.