



2018 VAIL LACROSSE SHOOTOUT REQUEST FOR ENTRY MEN'S ELITE DIVISION



Men's Elite 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 your team represents and estimated number of players that would actually come from this area or school: _____

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 the U19 HS Girls Division or the Women's Elite Division contact Michelle Secor at secorjm@gmail.com or at 719-528-1090. For general tournament info visit www.vaillacrosse.com or contact Connie Streich at vaillaxinfo@comcast.net.