



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



Men's Supermasters 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: _____

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

RETURN THIS FORM 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.