



2007 U.S. WOMEN'S UNDER 19 TEAM - CHAPTER TRYOUT REGISTRATION FORM

By my signature, I am endorsing this player as a candidate for the U.S. Women's U-19 Selection Process

_____ **Coach's Signature** _____ **Date**

_____ **Coach's Print Name**

Player's Name: _____

Address: _____

City/State/Zip Code: _____ **Date of Birth:** _____

Home Phone #: _____ **E-mail:** _____

Year in School: _____ **Position:** _____

US Lacrosse Membership #: _____ **Expiration Date:** _____

Selection Chairs: Send Tryout Fee \$25.00 and Application to US Lacrosse: Check made out to US Lacrosse/ U-19 Women's Team Tryout/ 113 West University Parkway, Baltimore, MD 21210. At registration for the national tournament regional tryout, players wishing to tryout for the 2007 U-19 team must identify themselves and present the U-19 Chapter Tryout Application Form (available at www.uslacrosse.org and it must be signed by coach) and the \$25 (check made out to US Lacrosse U-19) U-19 Tryout fee to the regional selection chair (separate from National Tournament Tryout Fee). It is the responsibility of the selection chair to send this U19 tryout fee with all applications to US Lacrosse immediately following the regional tryouts.

If selected to represent the US Lacrosse Chapter at the National Tryout in August, 2006, I understand that I must attend all 3 days of the tryout and compete at the 2006 and '07 National Tournament and am responsible for any and all travel expenses to attend.

Player Signature

Date

Parent Signature

Date