Jay gallagher

 memorial lax tournament

visiting team registration form

tO: Lacrosse Coaches

from: Anthony Randi

 516-724-3169 c 516-747-4931 H 516-742-2961 O e-mail- rjrandi@hotmail.com

subject: **Jay Gallagher Memorial tournament**

 **VISITING TEAM REGSITRATION FORM**

DATE November 1, 2016 \_\_\_\_\_\_\_\_\_

 Dear Coaches,

I would like to thank all of you who attended prior Jay Gallagher Memorial Tournaments. This year’s tournament will involve:

**2nd, 3rd, 4th, 5th, 6th,7th- 8th grade boy’s divisions**

**3rd, 4th, 5th and 6th grade girl’s divisions.**

**Tournament Date- June 17th, 2017**

All games will be played on June 17th, 2017 between 8 AM and 7 PM. Teams will play three games. The games will consist of two twenty two minute running halves with a 5 minute halftime break. There will be a one-hour break between games. All games are scheduled at St. Paul’s, the Garden City Middle School or High School. Lacrosse venders and special events will be conducted at the St. Pauls’ facility. Snacks and beverages will be on sale by the field house at St. Paul’s for the duration of the tournament. The **registration fee is $800.00** and includes all referees fees and tee shirts for the boys and girls. All proceeds from the tournament will go to The Mollie Biggane Melanoma Fund and the Cancer Center for Kids at Winthrop University Hospital. Mail a copy of your team roster (necessary for insurance purposes) with your entry fee along with the completed registration form. Please mail one check per team for the total fee. ***Registration is on a first come first serve basis. Schedules and directions will be e-mailed by June 1,2017. Please tell the parents “no dogs allowed.”***

***Note- all teams will be placed in A, B or C level divisions to even out the competition. Your coach is responsible for choosing the proper level of competition.***

***PLEASE VISIT OUR WEB SITE FOR MORE INFORMATION***

[***WWW.JAYGALLAGHERLAXTOURNAMENT.COM***](http://WWW.JAYGALLAGHERLAXTOURNAMENT.COM)

***Jay Gallagher Memorial Foundation***

***Registration Form***

***Loaction for Registration Day of Event-***

***St. Pauls School 295 Stewart Ave. Garden City, New York***

***Date- June 17th , 2017***

***Please complete registration form and mail with $800 check payable to:***

 **“ Jay Gallagher Memorial Foundation”**

**Mail Check and Registration form to:**

**Jay Gallagher Memorial Foundation**

**C/O Anthony Randi**

**68 Garden Street**

**Gardent City, New York 11530**

Name of Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: City: State: Zip:

Phone: e-mail Team Jersey Color:

Grade Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Boys or Girls: \_\_\_\_\_\_\_\_\_\_\_\_\_

Competition Level (A, B or C) : \_\_\_\_\_\_\_\_\_\_\_\_