

# 2011 D-Town Showdown Tournament Registration

## Team Information

Team Name: \_\_\_\_\_ Year: \_\_\_\_\_

Team Home Town: \_\_\_\_\_ State: \_\_\_\_\_

Team Website: \_\_\_\_\_

Head Coach: \_\_\_\_\_

Coach's Contact #'s Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Email: \_\_\_\_\_

Manager's Contact #' Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Email: \_\_\_\_\_

Tournament Contact \_\_\_\_\_ Coach \_\_\_\_\_ Manager

Please indicate your team's level of play by providing the information below. The purpose is to provide teams a fairer and more equal schedule for the day.

Tournament Name	Record	Standing
_____	_____	_____
_____	_____	_____
_____	_____	_____

My team can compete at the:                      Elite Level                      Competitive Varsity Level                      Risers Level  
\* Please circle one \*

Please send in form and non-refundable deposit of \$300.00 by March 1, 2011 to:

Detroit Girls Lacrosse Club  
165 S. Opdyke #105  
Auburn Hills, MI 48326

Balance of \$500.00 and team rosters are due by June 1, 2011. Please contact Sherry at 248.941.1550 or email sherry@thedetroitlacrosseclub with any questions.