

**AMERICAN LACROSSE LEAGUE
TEAM INFORMATION FORM**

Today's Date:

Team name as you want it to appear in the directory:

Team name last season if different than the above:

Location of team (Town & State):

Jersey Colors (ONE PRINCIPAL COLOR):

Home –

Away –

or

#1 –

#2 –

Web Site:

Primary Representative

Secondary Representative

Name:

Name:

Address:

Address:

Town:

Town:

State:

State:

Zip Code:

Zip Code:

Home Phone:

Home Phone:

Cell Phone:

Cell Phone:

Work Phone:

Work Phone:

E-mail:

E-mail: