

“ICE BOWL, TOO”

7th/8th Grade Girls (**START THE SEASON OFF RIGHT**) Tournament
Hosted by Del Val Jr. Lacrosse (www.delvallax.com)

WHEN: Sunday, APRIL 10th, 2011 (approx. 9:00 a.m.-5:00 p.m.)

LOCATION: Beautiful Alexandria Park, Alexandria Township, NJ

WHAT: Early season tournament to “Honor the Game of Lacrosse”

We give an award to the club that best displays the characteristics of sportsmanship, effort and enthusiasm by its players, coaches and parents!!!

It's A GREAT opportunity to play teams from all over NJ!

WHY: Because LAX is so much FUN!

FORMAT: Tournament will be Festival format.
All games on four fields run by a single horn.
Games will consist of 2 20-minute running time halves

- 5 minute half time
- No Over time

NOTES: Spots will be made available first come, first serve.

Receipt of your registration fee will guarantee a slot
Ice Bowl, too T-shirts will be available for purchase, as a Pre-Ordered with limited quantity of Shirts available on the day
Our Concession Stand will be open

We offer hot and cold food and an assortment of beverages
The park has a large playground for younger (or older) siblings

“Honor the Game!”



REGISTRATION FORM/HOLD HARMLESS:

- Availability base on First Come, First Served.
- Entrance Fee - \$350
 - o Please make check payable to: **Del Val Jr. Lacrosse**
 - o Please send to:
 - 672 Milford Warren Glen Rd., Milford, NJ 08848
- Contact for registration forms and payment information.
 - o Nadia Cook-Grisewood at stallionagent@yahoo.com
 - (908) 803-0185 (Cell)
 - (908) 995-7455 (Home)

Hold Harmless Agreement

(Please fill in one per team)

The _____ organization covenants and agrees to save and hold harmless the Del Val Jr. Lacrosse Club and the Township of Alexandria, its' agents, servants, and administrators from any and all liability arising out of the use of said premises or property for the Lacrosse tournament.

Name _____ Organization _____

Position _____ Address _____

Phone _____ Date _____

Email Address _____

Alternate e-mail Address: _____

Signature _____

Please provide your US Lacrosse insurance information and initial below:

_____ The above organization is a member of US Lacrosse (please provide your clubs US Lacrosse Cert. Policy or a copy of your US Lax insurance certificate _____.)

For administration use only:

Check # _____

Paid In Full _____

Date Received _____

“Honor the Game!”