Nassau County P.A.L. Youth Lacrosse League
2009 Request Form

Hand in at Registration February 9th & 10th, 2009 • at Farmingdale State College

Name of Community: _____ **Division (please check):** ☐ **Boys** ☐ **Girls**

Directors Name: _____ **Phone#:** _____ **e-mail:** _____

Number of Available Fields: _____

BOYS: Do you have a HOME FIELD every Sunday?: _____

(If not, list the dates you can play home): _____

GIRLS: Which day do you want to play your home games? ☐ **Saturday** ☐ **Sunday**

SPECIAL REQUESTS: (Such as a LACROSSE DAY, a day in the schedule you do not want to play).

Please list here: _____

List the Teams which you have, name of the Coach, Phone# and E-Mail#.

Team (Grade):	BOYS	Girls	Coach's Name	Phone#:	Rate On a Scale 1 to4 **1** Very Good • **2** Good **3** Average • **4** Poor

NOTE: Fill out two forms, one (1) for the BOYS and one (1) for the GIRLS.