

# NY METRO BOYS 2005 ASSOCIATION CHAMPIONSHIPS

Please complete the information listed below and complete the enclosed roster along with a check or money order (with payment in full payable to: LONG ISLAND LIGHTNING – TOURNAMENTS, 45 Cherry Valley Ave, West Hempstead, NY 11552

**NO ENTRY FORM WILL BE ACCEPTED WITHOUT FULL PAYMENT FEE. COST: \$395.00**

Any request for playing times must be in writing with this form although requests cannot be guaranteed, we will do our best to accommodate them.

**NOTE: DEADLINE FOR ALL TOURNAMENTS -All registration forms must be received fourteen days (14) prior to the start of the tournament in order to be guaranteed a spot.**

**PLEASE USE A SEPARATE FORM FOR EACH TEAM ENTRY.**

APRIL 22-24	10U- DIV I	_____
MAY 13-15	10U – DIV II	_____
APRIL 15-17	11U – DIV I	_____
MAY 6-8	11U – DIV II	_____
APRIL 8-10	12U – DIV I	_____
APRIL 22-24	12U – DIV II	_____
APRIL 15-17	13U – DIV I	_____
MAY 13-15	13U – DIV II	_____
APRIL 8-10	14U – DIV I	_____
APRIL 22-24	14U –DIV II	_____
APRIL 15-17	15U – DIV I	_____
MAY 13-15	15U – DIV II	_____
APRIL 8-10	16U – DIV I	_____
MAY 6-8	16U – DIV II	_____
MAY 6-8	17U – DIV I	_____
MAY 20-22	17U – DIV II	_____

***CHAMPIONSHIP MONDAY – MAY 30, 2005 ALL FINALS WILL BE PLAYED***

**CLUB NAME:** \_\_\_\_\_ **AAU CLUB #** \_\_\_\_\_

**TEAM NAME:** \_\_\_\_\_

**W:** \_\_\_\_\_

**Head Coach:** \_\_\_\_\_ **Tel:** \_\_\_\_\_ **H:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**TEL: 516 292-4956**

**FAX: 516 292-7555**