

**ANNE ARUNDEL COUNTY
DEPARTMENT OF RECREATION AND PARKS**

Organized Recreation & Athletics Division

YOUTH SPORT COMMISSIONER

Playing Season: **SPRING** Year: **2010** (FY10)

Sport: **GIRLS LACROSSE**

Name of Organization: _____

Commissioner's Name: _____

Commissioner's Address: _____

City, State and Zip Code: _____

Day Phone Number: _____

Evening Phone Number: _____

Pager or Cell Number: _____

E-mail address: _____

Availability of Home Field (s) (indicate number of fields and days/nights of availability)

50 Yard _____ # of Fields _____ Lights ___ Yes ___ No

100 Yard _____ # of Fields _____ Lights ___ Yes ___ No

**Number of Teams
Registered:**

Out of County Teams Please add \$150 per team. Must have approval approval from the Director of Recreation & Parks prior to registration.

_____ \$75 Sticklette

_____ \$110 Pee Wee

_____ \$110 Middies

_____ \$110 Juniors

Total Number of Teams _____

Number Out Of County _____

Total Fees Due _____

