

REGISTRATION \$125 per player/\$500 per foursome

NAME:	FOURSOME NAMES
COMPANY:	1.
ADDRE\$\$:	2.
CITY/STATE/ZIP:	
CELL PHONE:	3.
(for rain delay contact)	4.
EMAIL ADDRESS:	

Sign up as an individual or as a foursome by Friday, April 13th. Checks should be made payable to IRLAX and mailed to P.O. Box 643763, Vero Beach, FL 32964. Please call Jeff O'Brien (203) 460-0349 or Rusty Rhymes (561) 400-3142 with any questions.

SUPPORT OPPORTUNITIES		
Tee Sponsorship \$100: _		
	Company Name for Tee Sponsor Sign	

In addition to my registration, please accept my tax-deductible donation of \$_____.

I cannot attend, but please accept my tax-deductible donation of \$______.

MISSION STATEMENT

The Indian River Lacrosse Association will promote the growth and development of lacrosse for student athletes regardless of financial means. IRLAX shall encourage sportsmanship, character, self-confidence, leadership and responsibility.

We thank you in advance for your support and look forward to thanking you in person at the event. IRLAX is a 501(c)(3)organization. Donations are tax deductible as allowed by law.