
2009 FALL INDOOR LEAGUE TEAM INFORMATION

Tri-State Indoor Leagues feature the "Indoor Box" style of play. This has been proven to improve players in ways that does not get the focus or attention when playing full field.

- STICK SKILL** improved by working in tighter spaces.
- RESPONSE TIME** quickened through boarded fields, keeping ball in play.
- PRE-SEASON CONDITIONING** enhanced by constant movement and a game style that requires offense and defensive play.
- SAFEST INDOOR PLAYING ENVIRONMENT** with boards preventing unnecessary "out-of-bounds" injuries and hazards.
- Indoor format stresses different skills and offers a change of speed, keeping teams **FRESH FOR THE SPRING SEASON.**

The benefit of playing in a Tri-State Lacrosse Indoor League is not strictly performance based. Tri-State Lacrosse encourages participants to grow on and off the field. Sportsmanship, personal conduct and class are a must when playing. We ask this of our players, coaches, referees, spectators and we demand this of our staff.

If you want your team to play in a positive environment where the benefits have been proven for 19 years, then Tri-State Lacrosse is the clear choice.

TO RECEIVE A TEAM DISCOUNT...

MS – HS Teams (Boys') / MS – HS Teams (Girls')

1. Have a minimum of 15 players, a maximum of 20 players and include at least 1 goalie.
2. Collect all applications for players.
3. Submit applications, the attached team roster form and 1 check for **\$3000**
4. All information must be **received** by **September 15, 2009**.

IMPORTANT TO REMEMBER

Applications can be downloaded at www.trilax.com.

All applications have to be received in 1 packet.

Payment must be in the form of a single check, cash or money order.

Packet must be received/in-hand by September 15, 2009

If you have further questions, contact:

Northern Boys' League – joeturco@trilax.com

Girls' Leagues – suemontegari@trilax.com

FOR LEAGUE INFORMATION VISIT WWW.TRILAX.COM

Northern Indoor Leagues

Website: www.trilax.com

P 973.696.3400 / F 973.506.1601

TEAM ROSTER FORM

TOWN / SCHOOL NAME: _____
 TEAM CONTACT: _____
 PHONE #: _____
 EMAIL: _____

LEAGUE SELECTION (Please check the league you would like this team to be entered in):
Turf City (Wayne, NJ)

- | | | |
|---|--|--|
| <input type="checkbox"/> Boys HS – Division 1 | <input type="checkbox"/> Boys Yth – 8 th Grade | <input type="checkbox"/> Girls High School |
| <input type="checkbox"/> Boys HS – Division 2 | <input type="checkbox"/> Boys Yth – 7 th Grade | <input type="checkbox"/> Girls Middle School |
| <input type="checkbox"/> Boys HS – Division 3 | <input type="checkbox"/> Boys Yth – 5 th /6 th Grade | |
| | <input type="checkbox"/> Boys Yth – 3 rd /4 th Grade | |

PYMT AMT: \$ _____
 CHECK #: _____

FALL LEAGUE ROSTER SUBMISSION

(minimum of 15 players – maximum of 25 players & must include a goalie)

APP / WVR		Name (last, first)	POS.	GR.	Town / School
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	3				
	4				
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