



HS Girls Lacrosse

LEAGUE ROSTER

Contact name:	Email: Cell#:
Team name:	JV or Varsity

Maximum Roster Lacrosse (20)

1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.

We will not take individual player payments. Captains are to submit full payment by day one and be responsible in collecting all player liability waivers. NOT OUTDOOR CLEATS PERMITTED. Sneakers or turf shoes. All players must have: mouth guard & goggles.

Email with questions and submit roster to lwong@carmelsportsclub.com