

**13th Annual Don Swindells Memorial Rockmen Classic**

**June 23 – 25, 2023**

**U9, U11, U13, U15 & U17**

Registration is limited to 8 teams per division. (Six teams in each division will automatically be registered. The 7th team will be placed on a waiting list pending the registration of an 8th team.) Registration deadline is **June 1, 2023.**

All teams are guaranteed a minimum of 4 games.

The entry fee is $775.00 per team. Cheques can be made payable to West Durham Minor Lacrosse Association. No post-dated cheques. Please indicate team on cheque. (Unfortunately, we are not able to accept credit card or e-transfer payments.)

Tournament fees must accompany your completed form. No confirmation will be issued until both the fee and completed application have been received. Please indicate complete team name including team number, if applicable.

**Note:** Teams wishing to withdraw from the tournament have until **Midnight - May 9, 2023** to request a refund (as per OLA 45 day policy). **No refunds will be issued after this date.**

The tournament is tentatively scheduled to begin early in the afternoon on Friday, June 23rd, so all teams can expect to play at least one game Friday. When drafting the schedule, consideration will be given to the distance teams must travel; however, no guarantees can be offered.

For more information, please visit our website: [www.westdurhamlacrosse.com](http://www.westdurhamlacrosse.com) and follow us on Twitter and Instagram.

All completed applications and cheques can be forwarded to:

Lynn Swindells

897 Oberland Drive

Oshawa, ON L1K 2M2

PH: 647-282-4475

***NOTE: The Tournament Director reserves the right to modify the tournament schedule or format in the event of unusual or unforeseen circumstances.***

**13th Annual Don Swindells Memorial Lacrosse Tournament**

**We require this information to ensure we can contact your team in an urgent situation**

**DIVISION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**COACH NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COACH CONTACT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MANAGER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MANAGER CONTACT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**ALTERNATIVE CONTACT**

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

**CONTACT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Thank you for your participation in the**

**12th Annual Don Swindells Memorial Tournament**

**PLEASE COMPLETE THIS FORM AND RETURN TO:**

**lynnswindells@rogers.com**





**13th Annual Don Swindells Memorial Rockmen Classic**

**Registration Form**

TEAM INFORMATION

 Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Zone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Team Name & Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Team #, if more than 1 per club)

 Age Division:

 **U9 U11 U13 U15 U17**

 Preliminary Rating: **B C**

**\*\* IF MORE THAN ONE TEAM IN YOUR ORGANIZATION OF THE SAME AGE GROUP – PLEASE STATE TEAM NUMBER 1, 2 OR 3 – THIS ELIMINATES CONFUSION WHEN CREATING SCHEDULE\*\***

**Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  | **Bench Staff** |
| **Head Coach:** |  |
| **Asst. Coach:** |  |
| **Asst. Coach:** |  |
| **Asst. Coach:** |  |
| **Trainer:** |  |
| **Manager:** |  |