**14th Annual Don Swindells Memorial Rockmen Classic**

**June 21 – 23, 2023**

**U7, U9, U11, U13, U15 & U17**

Registration is limited to 8 teams per division (note U7 is limited to 6 teams). (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, 2024.**

All teams are guaranteed a minimum of 4 games.

Tournament entry fee:

U7 - $700 per team

U9, U11, U13, U15 and U17 - $850.00 per team

Payment by cheque or e-transfer:

* Cheques can be made payable to West Durham Minor Lacrosse Association and sent to: WDMLA c/o Lynn Swindells, 897 Oberland Drive, Oshawa, ON L1K 2M2. No post-dated cheques. (Please indicate team on cheque.)
* E-transfer payments can be sent to: wdmltreasurer@gmail.com (Please indicate club and team in message.)

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 7, 2024** 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 21st, 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.

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

**14th 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**





**14th Annual Don Swindells Memorial Rockmen Classic**

**Registration Form**

TEAM INFORMATION

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

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

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

 Age Division:

 **U7** (open) **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:** |  |