

BSG Team Roster Registration Form

TO ENTER A TEAM:

1. The contact person for the team must complete this team roster. Only the team contact will receive information from the BSG office regarding competition.
2. Each playing team member must be listed on this roster and must sign the waiver on the bottom of this form (or parent/guardian if player is under 18 years of age). List the team contact as a player only if he/she will be competing.
3. You must fill out this roster form completely. Incomplete roster forms will be returned and not considered registered. This is your official roster. Please keep a copy for your records. All signatures must be on the same form.
4. Send completed roster forms and make checks payable to: **Badger State Games**.
Mail forms and checks to: **219 Jefferson Street, Wausau, WI 54403**

For all rules and additional information please visit www.badgerstategames.org

TEAM INFORMATION: (all information is required)

City Representing (one only) _____ Team Name _____

Team Contact's Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Date of Birth (mm/dd/yy) _____

Email _____

LACROSSE EVENT INFORMATION

IMPORTANT! All athlete participants MUST sign the Amateur Athlete Waiver and Release of Liability.

MENS/ BOYS DIVISIONS:

- U9 modified field
- U11 modified field
- U13
- U15
- U18
- U30
- Over 30

WOMENS/ GIRLS DIVISIONS:

- U11
- U15
- U18
- Over 18

U15 - Born on or after 9/1/2000
 U13 - Born on or after 9/1/2002
 U11 - Born on or after 9/1/2004
 U9 - Born on or after 9/1/2006

Emergency Contact: _____

Phone Number: _____

Early Bird - Mail In/ Fax or Online Prices Before 5/01/17:	\$300/team	TOTAL: _____
Mail In/ Fax or Online Prices 5/01/17-5/19/17:	\$325/team	CIRCLE:
		CASH
Mail In/ Fax or Online Prices 5/20/17-5/28/17:	\$350/team	CHECK #: _____

OFFICIAL TEAM ROSTER

Player's Name (please print)	Phone Number	Age	Date of Birth (mm/dd/yy)	Gender	Shirt Size
1)			/ /	M F	
2)			/ /	M F	
3)			/ /	M F	
4)			/ /	M F	
5)			/ /	M F	
6)			/ /	M F	
7)			/ /	M F	
8)			/ /	M F	
9)			/ /	M F	
10)			/ /	M F	
11)			/ /	M F	
12)			/ /	M F	
13)			/ /	M F	
14)			/ /	M F	
15)			/ /	M F	

***To pay by credit card (Visa/Mastercard):**

Name as appears on card: _____

Account #: _____ Exp. Date: ____/____/____ CVV#: _____
(3 digit code on back)

Signature: _____

Billing Address: _____

Make checks payable to:



Badger State Games
 219 Jefferson Street
 Wausau, WI 54403
 Fax 715-359-2306