

Pavilion Recreation Complex Summer 2016 Indoor Box Lacrosse League



Register Online at www.greenvillerec.com
OR at www.sportability.com/pavilion



League Information

The Greenville County Parks, Recreation & Tourism is looking forward to another exciting season of indoor box lacrosse at the Pavilion. The Summer Session will consist of 8 weeks plus playoffs. The League begins Tuesday June 7th and will run through the middle of August. Participants must be at least 15 years old and are required to wear a helmet, elbow/shoulder pads, and gloves designed for lacrosse. We track and post all individual statistics, scores, and standings online. And best of all, we provide the team jerseys! **The deadline to register is Tuesday May 31st NO EXCEPTIONS.**

Format

5 on 5, plus goalies
Four 12-minute running time quarters
Only short sticks are allowed in Box Lacrosse
Goalie equipment is provided.

Game Times

Tuesdays beginning June 7th at 6:30, 7:30, 8:30, and 9:30PM* if needed

These are tentative game slots, and are subject to change

Cost

Individual: \$100 (\$125 out of county)

Payment must be made at the time of Registration

Pro-Rated Registration Fees are not available

Team: \$1200 (Paid in Full, contact George Fowler for information)

For more information, please contact: George Fowler at

gfwler@greenvillecounty.org

Or call 864-322-7529 x208



Pavilion Recreation Complex
400 Scottswood Road
Taylors, SC 29687

SUMMER 2016 INDOOR BOX LACROSSE REGISTRATION FORM

(THIS FORM MUST BE COMPLETED IN ITS ENTIRETY)

NAME: _____ D.O.B: ____/____/____ GENDER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____

EMAIL: _____ (ALL LEAGUE INFO WILL BE COMMUNICATED VIA EMAIL)

FATHER'S NAME: _____ W: _____ C: _____

MOTHER'S NAME: _____ W: _____ C: _____

LAST TEAM/SCHOOL PLAYED FOR: _____

POSITION: GOALIE ____ DEFENSE ____ MIDFIELD ____ ATTACK ____

OTHER EXPERIENCE OR REQUEST: _____

PAVILION USE ONLY:

REGISTRATION AMOUNT PAID: _____ DATE: ____/____/____ RECEIVED BY: _____

METHOD OF PAYMENT: CASH: _____ CREDIT CARD: _____ CHECK#: _____