

**2009 Massachusetts Super Junior  
Nomination Form**

*ANNOUNCING THE SECOND ANNUAL MA/CT SUPER JUNIOR GAME HELD JUNE 18<sup>TH</sup> AT HARVARD STADIUM AT 7:00 P.M. MANY COLLEGE COACHES WILL BE IN ATTENDANCE!*

*MA. TRYOUTS WILL BE HELD AT FRAMINGHAM HIGH SCHOOL'S TURF FIELD ON SUNDAY, JUNE 14<sup>TH</sup> FROM 9 A.M. TO 12 P.M.*

*36 PLAYERS WILL BE SELECTED TO REPRESENT MA. AGAINST CT.*

*PLAYERS WILL RECEIVE CONFIRMATION OF TRYOUT APPLICATION RECEIPT AND FURTHER TRYOUT INFORMATION VIA E-MAIL.*

*AN ADDITIONAL \$40 WILL BE REQUIRED FOR THOSE PLAYERS SELECTED AS A SUPER JUNIOR.*

General Information:

**PLAYERS US LACROSSE MEMBERSHIP NUMBER** \_\_\_\_\_

**EXPIRATION DATE** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*(Must be current US Lacrosse member to be considered. Please call 410.235.6882 x102 for membership status)*

**DATE OF BIRTH** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**POSITION**    **A**    **M**    **D**    **G**

**LAST NAME** \_\_\_\_\_

**FIRST NAME** \_\_\_\_\_ **MI** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **ST** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_ **PARENT E-MAIL** \_\_\_\_\_

**REVERSIBLE SHIRT SIZE** \_\_\_\_\_ **SHORT SIZE** \_\_\_\_\_

*REFERENCES*

*(Players must be juniors attending a public or private school in MA. Coaches are limited to 5 nominations)*

**SCHOOL** \_\_\_\_\_ **COACHES E-MAIL** \_\_\_\_\_

**DAY PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

\_\_\_\_\_  
**PRINTED NAME OF NOMINATING COACH**

\_\_\_\_\_  
**SIGNATURE OF NOMINATING COACH**

\_\_\_\_\_  
**DATE**

NOMINATION FORMS AND A \$20.00 NON-REFUNDABLE TRYOUT FEE MADE OUT TO

**EMGLCA**, MUST BE MAILED TO:

**JODI DOLAN, 9 RIDGE RD. HOPKINTON, MA 01748**

**NO LATER THAN JUNE 1ST, 2009**

PLEASE CALL 508-308-0700 FOR QUESTIONS

OR TO VOLUNTEER TO EVALUATE

