

**2009 Milwaukee Lacrosse Festival**  
***Brewtown Showdown***  
**JUNE 27-28, 2009**

**FESTIVAL APPLICATION** (Please complete one application per team.)

Location: Uihlein Soccer Complex,  
7101 W. Good Hope Road  
Milwaukee, WI 53223

1) Tournament Fee's:

- \_\_\_ 5/6<sup>th</sup> Grade - \$425 + \$300 = \$725
- \_\_\_ 7/8<sup>th</sup> Grade - \$425 + \$300 = \$725
- \_\_\_ High School - \$525 + \$300 = \$825
- \_\_\_ Men's Club - \$575 + \$300 = \$875

2) Team Name: \_\_\_\_\_

3) For each team, please email a team synopsis and a complete roster of team players that lists the following information: each player's name, uniform number, birth date and the grade he was in the fall of 2008. (Players who have graduated in June 2009 are eligible to play).

4) Please attach a list of those of your players who may have particular medical condition (like asthma or diabetes, etc.). The purpose is to prepare our medical personnel for any potential issues.

5) Team deposit of \$200 is due by March 30<sup>th</sup>. If team is accepted to the tournament, that fee is non-refundable. Balance is due by May 26<sup>th</sup>. Team fees received after May 26<sup>th</sup> will incur a \$50 late processing fee. Make check payable to Hot4Lax-Brewtown Showdown.

6) Coaches:

a) Head Coach:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Cell Phone (to be used at tournament): \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

b) Assistant Coach or team parent: \_\_\_\_\_

Cell Phone (to be used at tournament): \_\_\_\_\_

c) Assistant Coach or team parent:

\_\_\_\_\_ ---

Cell Phone (to be used at tournament): \_\_\_\_\_

7) Please send completed application and entrance fee to:

Robin Buckley,  
Brewtown Showdown Festival Director  
168 E. Willow Road  
Fox Point, WI 53217