



2009/2010 WINTER LACROSSE LEAGUE

Rogue Lacrosse will run a competitive boys lacrosse league at the Adirondack Sports Complex this winter. There will be three divisions (Modified, Junior Varsity and Varsity) with eight teams per division. Each team will be coached by a current college coach or player along with the Rogue NY staff. Each team will be guaranteed eight games, with standings being kept during the session and playoffs at the end of the session.

Date: Sundays, Nov 15th - Jan 10th (No Lacrosse Sunday, Dec 27th)

Location: Adirondack Sports Complex (Queensbury)

Times: 6:30-7:30 (Mod), 7:30-8:30 (Mod/JV), 8:30-9:30 (Varsity)

Format: 7v7 Games, Two 25 Min Halves, Players Per Team
(Minimum 12 - Maximum 17)

Divisions: Modified (5th-8th)

Junior (9th-10th)

Varsity (11th-12th)

****Players can play up or
down depending on skill level****

Registration: Team or Single Cost: \$1,700 team \$110 Single

****Each player will receive a custom Rogue Jersey****

Teams or singles can register at www.roguelacrosse.com. We recommend using our online registration which is 100% secure and safe in order to avoid the mishandling of checks. If paying by check, please see below for address. In order to be considered a "team" when signing up you must have at least 12 players. We reserve the right to add singles players to teams that are below the maximum limit of 17 players.

Make Checks payable to: Rogue Lacrosse

Send checks to: Rogue Lacrosse, 8 Hopeful Lane, Gansevoort NY 12831

All players must have a US LACROSSE membership in order to participate (www.uslacrosse.org) and the Adirondack Sports Complex also requires a Photo ID Membership Card that will need to be presented each time prior to entering the facility. The annual membership registration is \$10 and can be processed by going to www.adksc.com and clicking on [Membership](#).

www.RogueLacrosse.com





WINTER LEAGUE FORM
Session 1- Adirondack Sports Complex (Queensbury, NY)

Name: _____ Grade _____

School (Program): _____ Level (circle): MOD JV VAR

Position (Circle): Att Mid Def Goalie Years Of Exp: _____

Registering as (circle): Team or Single D.O.B ____/____/____

Team Name: _____ Level _____

US Lacrosse ID # (Covers Insurance) _____
(If you do not have one register at www.uslacrosse.org)

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Phone # Home _____ Cell _____

Emergency Name and Contact #: _____

Form of Payment (circle): Online or Check

www.RogueLacrosse.com

