



The Bobby Campbell Lacrosse Foundation Sponsors . . .

THE CAMPBELL CUP 5 v 5 TOURNAMENT

When: **September 27, 2008, 1:30 – 5:00 PM**

Where: **Princeton High School Turf Field, Princeton NJ, 08540**

Format:

- ⇒ 5 vs. 5 Tournament
- ⇒ Roster limit of 7 Players plus a Goalie (total of 8 including a goalie)
- ⇒ Bringing a goalie is encouraged – however one will be provided for teams unable to secure a goalie
- ⇒ Short Fields with refs
- ⇒ 22 Minute Games (with 3 minute halftime)
- ⇒ Guaranteed Minimum of 3 Games
- ⇒ Team jerseys will be provided
- ⇒ Top teams will play for championship
- ⇒ Players must be high school age or older
- ⇒ If you can't get enough players for a team we will try match you up with other individuals
- ⇒ Teams will be matched up by gender

Post Tournament Party Cookout: All players and their families are encouraged to attend.

Tournament Fee:

\$350 per team (\$50 per player -- if you have a goalie, you get a break -- \$350/8)
Fees will support the Bobby Campbell Lacrosse Foundation

Bring Form: You can bring the form and payment on the 27th – **HOWEVER YOU OR YOUR TEAM COORDINATOR MUST EMAIL Ken Foulk at kfoulk@campbelllacrosse.org by SEPTEMBER 22nd TO CONFIRM YOUR ATTENDANCE**

Send Form: Bobby Campbell Lacrosse Foundation, PO Box 3129, Princeton, NJ 08543 (Please Enclose Your Registration Fee/Contribution)

Player's Name: _____

Age: _____

Address: _____

Goalie: Y N

City: _____ State: _____ Zip Code: _____

Check Enclosed: \$ _____
(checks made out to: The Bobby Campbell Lacrosse Foundation)

Phone: _____ Email: _____

Waiver (Please Sign – Parents Sign for Minor)

I certify that I am in good health and am able to participate in this tournament. I understand that there is some risk in playing lacrosse and lacrosse related activities. And I am willing to assume those risks. I certify that I have no ailments or disabilities that would prevent me from participating in competitive lacrosse activities. I hereby agree to hold harmless the organizers of the Campbell Challenge and the Bobby Campbell Foundation, its agents employees and contractors from any and all claims for injury, illness, or death incurred by me during participation in this program. In case of emergency, I grant my permission to be given emergency treatment at a local hospital.

Signature: _____ Date: _____