



***The Bobby Campbell Lacrosse Foundation Sponsors . . .***

***THE CAMPBELL CUP 5 v 5 TOURNAMENT***

**When:** October 10, 2009, 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

**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

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

**Bring Form:** You can bring the form and payment on the 10<sup>th</sup> – **HOWEVER YOU OR YOUR TEAM COORDINATOR MUST EMAIL Ken Foulk at [kfoulk@campbelllacrosse.org](mailto:kfoulk@campbelllacrosse.org) by OCTOBER 5<sup>TH</sup> TO CONFIRM YOUR ATTENDANCE**

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: \_\_\_\_\_