



## 2025 PROGRAM INVOICE

**Must be paid by March 15, 2025**

**COMPLETED INVOICE MUST BE INCLUDED WITH YOUR CHECK!**

Checks payable to: Indiana Youth Lacrosse Association

Mail payment to:  
Indiana Youth Lacrosse Association  
PO Box 3051  
Carmel, IN 46082

Program Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

2024 Team Fees	# Teams	Cost	Total
Tournament Team		\$280.00	
Additional Non-tournament Team		\$125.00	
10U Tournament Team		\$225.00	
8U Team		\$ 50.00	
Grand Total			

Please list each team individually:

Age Group <i>8U / 10U / 12U / 14U</i>	Gender M / F	Team Name <i>As it appears on website</i>	Tournament Team Yes or No

<b>Age Group</b> <i>8U / 10U / 12U / 14U</i>	<b>Gender</b> <b>M / F</b>	<b>Team Name</b> <i>As it appears on website</i>	<b>Tournament Team</b> <b>Yes or No</b>