



2026 PROGRAM INVOICE

Must be paid by March 31, 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: _____

Team Fees	# Teams	Cost	Total
Tournament Team		\$290.00	
Additional Non-tournament Team		\$135.00	
10U Tournament Team		\$235.00	
8U Team		\$ 60.00	
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

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