

GIRLS

MARYLAND YOUTH LACROSSE SCHEDULE DEVELOPMENT 2025

Program: _____

Date _____

Director's Name: _____

Phone: _____

Wk: _____

Cell: _____

Fax: _____

Email: _____

Number of Participating Teams:

Junior A _____ Middiet A _____ 9-10 A _____ Tyker A _____ Pocket

Junior B _____ Middie B _____ 9-10 B _____ Tyker B _____

Junior C _____ Middie C _____ 9-10 C _____ Tyker C _____

<u>Field & Location</u>	<u>Lights</u> <u>Y/N</u>	<u>Age levels</u>	<u>Days/Times</u> <u>Available</u>	<u>Comments</u>

Scheduling Requests

<u>Level</u>	<u>Date</u>	<u>Reason</u>