

**TOP GUN CLAM ELITE LACROSSE LEAGUE (CELL)  
LETTER OF RECOMMENDATION**

(This player is applying to play in advanced indoor lacrosse league.  
He needs your recommendation to be included. Thanks.)

**COACH'S INFORMATION**

**Name:** \_\_\_\_\_

**Team:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Years Coaching Player:** \_\_\_\_\_

**PLAYER INFORMATION**

**Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Years Experience:** \_\_\_\_\_

**Skill Level:**

Among the best      Advanced      Intermediate      Basic Skills Only

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RETURN TO:  
Top Gun Lacrosse  
30 Great Rd  
Acton, MA 01720**

**QUESTIONS:** 978.369.4334 *or* burke@topgunlax.com