



Tournament Name: _____ Date: _____

Team Name: _____

Tournament Team Registration

TO REGISTER:

Enclose this registration form with a check or money order and Mail to:
Tournaments
PO Box 510, Turner, OR 97392

Coach's Contact Information:

Name: _____

Address: _____

Phone: HP: _____ Cell: _____

Email: _____

Team Age Bracket:

10U _____ 11U _____ 13U _____ 15U _____

Players:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*Player registration for each participant must be submitted prior to tournament play.