



## 2011 Registration Form

Team Name: \_\_\_\_\_ Circle the answer that applies:

Coach Name: \_\_\_\_\_ Gender:

Coach's e-mail: \_\_\_\_\_ *Male* *Female*

Coach's home phone: \_\_\_\_\_

Coach's cell phone: \_\_\_\_\_ *Age: (Oldest player on team as of August 1, 2011)*

Reference (if a team referred you to the tournament submit their team or coach's name): \_\_\_\_\_

9            10            11            12            13  
 14            15            16            17

<p style="text-align: center;"><b>Player #1</b></p> <p>Player's name (first and last): _____</p> <p>Birth date: _____</p> <p>Gender: _____</p> <p>Cell number (for emergencies): _____</p> <p>Experience Level:            Recreational <input type="checkbox"/>            Competitive <input type="checkbox"/></p>	<p style="text-align: center;"><b>Player #2</b></p> <p>Player's name (first and last): _____</p> <p>Birth date: _____</p> <p>Gender: _____</p> <p>Cell number (for emergencies): _____</p> <p>Experience Level:            Recreational <input type="checkbox"/>            Competitive <input type="checkbox"/></p>
<p style="text-align: center;"><b>Player #3</b></p> <p>Player's name (first and last): _____</p> <p>Birth date: _____</p> <p>Gender: _____</p> <p>Cell number (for emergencies): _____</p> <p>Experience Level:            Recreational <input type="checkbox"/>            Competitive <input type="checkbox"/></p>	<p style="text-align: center;"><b>Player #4</b></p> <p>Player's name (first and last): _____</p> <p>Birth date: _____</p> <p>Gender: _____</p> <p>Cell number (for emergencies): _____</p> <p>Experience Level:            Recreational <input type="checkbox"/>            Competitive <input type="checkbox"/></p>
<p style="text-align: center;"><b>Player #5</b></p> <p>Player's name (first and last): _____</p> <p>Birth date: _____</p> <p>Gender: _____</p> <p>Cell number (for emergencies): _____</p> <p>Experience Level:            Recreational <input type="checkbox"/>            Competitive <input type="checkbox"/></p>	<p style="text-align: center;"><b>Player #6</b></p> <p>Player's name (first and last): _____</p> <p>Birth date: _____</p> <p>Gender: _____</p> <p>Cell number (for emergencies): _____</p> <p>Experience Level:            Recreational <input type="checkbox"/>            Competitive <input type="checkbox"/></p>