GYM RATZ "2010 SHOWCASE" TOURNAMENT REGISTRATION

AGE DIVISION:_____ BOYS / GIRLS

CLUB / TEAM NAME:_____

	CLUB NUMBER (if available)
TEAM ADDRESS	E-MAIL ADDRESS
HEAD COACH	PHONE NUMBER
HEAD COACH E-MAIL ADDRESS	PHONE FAX NUMBER
TEAM SPOKESMAN	PHONE NUMBER

PLAYER NAME	JERSEY #	DATE OF BIRTH	GRADE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

PLEASE FILL OUT TEAM ROSTER FORM COMPLETELY

PLEASE MAIL OR FAX TEAM ROSTER WITH ENTRY FEES IN FULL

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