

Team Name (sponsor):		
Team Fee: \$ 200.00 Contact Person:		OFFICE USE ONLY Team Fee
		Date paid: Cash or Check #:
Address:		
Email:		_
Phone - Hm:(Cell: Wk:	
Please PRINT		
TEAM MEMBERS	PHONE NUMBERS	(required)
1		
2		
3		
4		
5		
6		
7		
8		
9.		
10.		

Sponsor Fees and Rosters are due: Monday, Feb 12, 2024

Players must participate in at least 3 league games to be eligible for the tournament.