

PLEASE PRINT OR TYPE LEGIBLY

PLAYER 1 - CAPTAIN

Male Female

Last

First

Address _____

City _____ State Zip

Phone

Daytime Ph.

E-Mail _____

Age as of tournament date Birthdate

PLAYING EXPERIENCE IMPORTANT
Indicate levels of experience played:

No organized experience High School
 College Intramurals Adult Recreation League
 College/School Name _____
 Semi-Pro Team Pro Team

PLAYER 2

Male Female

Last

First

Address _____

City _____ State Zip

Phone

Daytime Ph.

E-Mail _____

Age as of tournament date Birthdate

PLAYING EXPERIENCE IMPORTANT
Indicate levels of experience played:

No organized experience High School
 College Intramurals Adult Recreation League
 College/School Name _____
 Semi-Pro Team Pro Team

PLAYER 3

Male Female

Last

First

Address _____

City _____ State Zip

Phone

Daytime Ph.

E-Mail _____

Age as of tournament date Birthdate

PLAYING EXPERIENCE IMPORTANT
Indicate levels of experience played:

No organized experience High School
 College Intramurals Adult Recreation League
 College/School Name _____
 Semi-Pro Team Pro Team

Team Name _____

(keep it clean)

PLAYER 4

Male Female

Last

First

Address _____

City _____ State Zip

Phone

Daytime Ph.

E-Mail _____

Age as of tournament date Birthdate

PLAYING EXPERIENCE IMPORTANT
Indicate levels of experience played:

No organized experience High School
 College Intramurals Adult Recreation League
 College/School Name _____
 Semi-Pro Team Pro Team

PLAYER 5

Male Female

Last

First

Address _____

City _____ State Zip

Phone

Daytime Ph.

E-Mail _____

Age as of tournament date Birthdate

PLAYING EXPERIENCE IMPORTANT
Indicate levels of experience played:

No organized experience High School
 College Intramurals Adult Recreation League
 College/School Name _____
 Semi-Pro Team Pro Team

PLAYER 6

Male Female

Last

First

Address _____

City _____ State Zip

Phone

Daytime Ph.

E-Mail _____

Age as of tournament date Birthdate

PLAYING EXPERIENCE IMPORTANT
Indicate levels of experience played:

No organized experience High School
 College Intramurals Adult Recreation League
 College/School Name _____
 Semi-Pro Team Pro Team

OFFICE USE ONLY

Team No. _____ Date Rec'd. _____

PLAYER 7

Male Female

Last

First

Address _____

City _____ State Zip

Phone

Daytime Ph.

E-Mail _____

Age as of tournament date Birthdate

PLAYING EXPERIENCE IMPORTANT
Indicate levels of experience played:

No organized experience High School
 College Intramurals Adult Recreation League
 College/School Name _____
 Semi-Pro Team Pro Team

PLAYER 8

Male Female

Last

First

Address _____

City _____ State Zip

Phone

Daytime Ph.

E-Mail _____

Age as of tournament date Birthdate

PLAYING EXPERIENCE IMPORTANT
Indicate levels of experience played:

No organized experience High School
 College Intramurals Adult Recreation League
 College/School Name _____
 Semi-Pro Team Pro Team

CO-ED APPLICATION

NOTE:

THE CO-ED DIVISION IS THE ONLY DIVISION WHERE A TEAM CAN HAVE EIGHT PLAYERS ON ITS ROSTER.

PLAYERS IN CO-ED CAN PLAY ON ONE REGULAR TEAM ALSO - DOUBLE THE FUN!

ENTRY FEE

\$180⁰⁰

NON - REFUNDABLE
Team captain will receive schedule information.
Absolutely NO Refunds after the Entry is Sent

IMPORTANT CAPTAINS

As the team captain, I agree with my team's information and realize that if any of the information above is untrue it could result in player/team disqualification.

Captain's Signature _____