



Tournament Registration

Tournament name: _____

Tournament date _____

Team name: _____

Contact person: _____

Phone number: _____

E-mail address: _____

Send brackets by:

Fax: _____
(number)

E-mail: _____
(address if different than above)

Call me at _____ and I will pick them up
(phone number)

For office use:

Paid: amount _____ date _____

Brackets sent (date): _____

Rosters received: _____ date _____