



TEAM ENTRY FORM:
PLEASE SEND TEAM PHOTO WITH REGISTRATION AND PAYMENT.

TEAM NAME: _____ DIVISION: _____ LEVEL: _____

HEAD COACH: _____

ADDRESS: _____
CITY, STATE, ZIP: _____, _____, _____

BEST PHONE # TO REACH YOU : _____
EMAIL: _____

TEAM MANAGER: _____
EMAIL ADDRESS: _____
BEST PHONE # TO REACH YOU: _____
DAY OF EVENT CONTACT NUMBER: _____

JERSEY COLORS: HOME: _____ AWAY: _____

PLEASE SUBMIT PAYMENT TO: RVHA 1314B CENTER DR. PMB 247.
MEDFORD, OR 97501

QUESTIONS: CONTACT TOURNAMENT DIRECTOR AT CARA.RUETTGER5@GMAIL.
COM OR CALL 541-324-1591