



TEAM ENTRY FORM:

Please send team photo with registration and payment.

Team name: _____ **Division:** _____ **Level:** _____

Head Coach: _____ **Phone:** _____

Address: _____

City, State, Zip: _____

Email: _____

Team Manager: _____ **Phone:** _____

Email Address: _____

Day of Event Contact Number: _____

Jersey Colors: Home: _____ **Away:** _____

Please Submit Payment to:

RVHA 1314B Center Dr. PMB 247

Medford, OR 97501

Questions: Contact Matt Dybala at matt.dybala@sojrspartans.com