**2025 DOUBLE HEADER/TOURNAMENT TEAM REGISTRATION**

**TEAM NAME:**

**TEAM AGE GROUP:**

**EVENT NAME:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name | Last Name | NUMBER | AGE | BIRTH DATE |
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COACH NAMES (ALLOWS FREE ADMISSION. ADMISSION IS $5.00 FOR SELECT EVENTS):

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| --- | --- |
| First Name | Last Name |
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|  |  |

Manager’s Name:

Manager’s Contact Number:

Team Rep. Email Address:

Coaches Name (if different):

Coaches Contact Number:

Alternate Emergency Contact:

Alternate Emergency Number: