



## Tournament Registration

Team Name \_\_\_\_\_ Grade Level \_\_\_\_\_  Boys  Girls

Town or School associated with \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Coach Name \_\_\_\_\_

Coach Phone # \_\_\_\_\_

Coach Email \_\_\_\_\_

Assistant Coach Name \_\_\_\_\_

Assistant Coach Phone # \_\_\_\_\_

Assistant Coach Email \_\_\_\_\_

Contact Name (if other than coach) \_\_\_\_\_

Contact Phone # \_\_\_\_\_

Contact Email \_\_\_\_\_

Mail registration form and fee to:

Jeff Eckes, 6718 Emmas Pass SW, Pequot Lakes, MN 56472

