

2024 GMIT
TEAM INFORMATION FORM

Team Name _____

Club: _____

Gender: Boys Girls

Age Group: U9 U10 U11 U12 U14 U15 U16 U17 U18 U19

Team Contact: _____ Phone No. _____

Cell No. _____

Email _____

Coach: _____ Phone No. _____

Cell No. _____

Email _____

For Traveling Teams: Please provide this information so that we can reach you if there are any changes or problems during the tournament, Thank you!

Team Hotel:

Phone No. _____

Name of Reservation:

Room No _____