Tournament Registration

1. **Team Name _____**
2. **Coach/Team Contact Name _____**
3. **Contact Number _____**
4. **Email Address _____**
5. **Grade Level/Gender _____**
6. **Town _____**

****Please list below any dates and times that your team is not available in order of priority. We will do our best to accommodate those requests.**

PLEASE FORWARD THIS FORM. THE FEE OF $325 AND A COPY OF A CERTIFICATE OF INSURANCE TO:

Joanne Busacca
17 Ripplewood Drive
Upper Saddle River, NJ 07458

ALL FORMS AND FEES MUST BE RECEIVED NO LATER THAN NOV 15TH 2011.

Team Roster:

Player #	Name	Grade	DOB