



### Christmas Tournament Application Form

Team Name \_\_\_\_\_  
 Age Group: \_\_\_ U6, \_\_\_ U8, \_\_\_ U10, \_\_\_ U12 \_\_\_ U14 Home League \_\_\_\_\_  
 Team Contact \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_ City/ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Roster Information	
Coach _____	Asst. Coach _____
Phone _____	Phone _____
Email _____	Email _____

Player Name	DOB( mm-dd-yy)	Parent name/ Cell number
1. _____	- - -	_____
2. _____	- - -	_____
3. _____	- - -	_____
4. _____	- - -	_____
5. _____	- - -	_____
6. _____	- - -	_____
7. _____	- - -	_____
8. _____	- - -	_____
9. _____	- - -	_____
10. _____	- - -	_____
11. _____	- - -	_____
12. _____	- - -	_____
13. _____	- - -	_____
14. _____	- - -	_____
15. _____	- - -	_____

I acknowledge that the above information is true and correct. X \_\_\_\_\_

\*Please be advised that there will be a check in (TBD) where each parent will need to sign a waiver of liability prior to the child being able to play.

Information updates can also be found at:

<https://tshq.bluesombrero.com/Default.aspx?tabid=1874546>