FAMILY Sports Park FIRST

CHALLENGE SERIES

2005 TEAM REGISTRATION FORM

SEPTEMBER 2-4, 2005

REGISTRATION DEADLINE: MAY 31, 2004

Application form and tournament fee must be received

PLEASE COMPLETE THE FOLLOWING:
(Teams will be considered premier if not completed.)

Pennsylvania Schools:
❑ Boys ❑ Girls
❑ AAAA ❑ AAA ❑ AA ❑ A
Team record 2004 W_____ L_____ T_____
Team record 2003 W_____ L_____ T_____

Out-of-State Schools:
❑ Boys ❑ Girls
Class Rank or Size: _____
Section or Division: _____
Team record 2004 W_____ L_____ T_____
Team record 2003 W_____ L_____ T_____

Additional Team Information (please complete thoroughly):_____

_____

_____

_____

❑ 1 game ❑ 2 games

We are able to play:
❑ Friday night ❑ Sat ❑ Sun

If you have any referees within PIAA who may be interested in officiating, please include their name and phone number.

1._____

Phone:_____

2._____

Phone:_____

❑ School:_____

❑ Organization or Sponsor:_____

Team Name:_____

Team Manager/Contact:_____

Team Manager/Contact Address:_____

City/State/Zip:_____

Phone:_____(Home)

Phone:_____(Work)

Fax:_____

E-mail:_____

Division: ❑ Girls ❑ Boys Specify Age:_____

PAYMENT

Name Of Individual Making Payment:_____

Phone:_____

Enclosed Is: Full Payment Amount: $_____

Check #:_____

PLEASE MAKE CHECK PAYABLE TO:
Family First Sports Park
Erie, PA 16509

Please Charge My: ❑ VISA ❑ MASTERCARD ❑ AMERICAN EXPRESS

Account #:_____

Bank #:_____

Card Exp Date:_____/_____/_____ Amount Charged: $_____

PLEASE READ AND SIGN BELOW:
I understand that if my team is not accepted, the entry fee will be returned in full. I further understand that once a team has been accepted and later withdrawals, the entry fee is forfeited. In the event of bad weather, shortening or cancelling this event, entry fees will not be returned.

_____ _____
Team Manager Signature Date