

****TEAM REGISTRATION FORM***** Event Name/date: _____

Team Leader/organizer: _____ Email: _____

Mail Addr: _____

Ph1: _____ Ph2: _____ Preferred Army: _____

Team Name:	For Office Use only Player PD amt	For Office Use only Player Received Pass
Enter Attending Player Names Below		
01:		
02:		
03:		
04:		
05:		
06:		
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11:		
12:		
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19:		
20:		
(Attach additional forms as needed)		

Bring this form and one waiver per player to registration - or up to 5 days prior to the event, mail this document and the attached waivers to:

*John Edens
141 Hickory Creek Trail
Blythewood SC 29016*

Player cards & paint will be distributed when you register.