

DISTRICT VI EVENT TEAM APPLICATION FORM

Name of event and division of play: _____

League/club Name: _____

Club Manager: _____

Team Name: _____

Coaches Name: _____

Address: _____

Phone #: _____

Email Address: _____

Currently in flight; _____ of _____ Wins: _____ Losses: _____

Please mail application form, with full payment, and direct questions to:

event coordinator's name: _____

coordinator's address: _____

coordinator's phone number: _____

coordinator's email address: _____

Applications must be submitted to the event coordinator by: _____

U-10B_____ U-10G_____

U-11B_____ U-11G_____

U-12B_____ U-12G_____

U-13B_____ U-13G_____

U-14B_____ U14-G_____

U-15B_____ U-15G_____

U-16B_____ U-16G_____

U-17B_____ U-17G_____

U-18B_____ U-18G_____

U-19B_____ U-19G_____