

Scheduling/Team Size Request *times are for first games only and are not guaranteed that time

ف Individual (1 player)	ف Early morning games
ف Group (2-9 players)	ف Afternoon
ف Team (10-15 player)	ف Late afternoon

Name	School/Year
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As Coach/Team Representative, of the (Team Name) _____

I certify that the information within is correct to the best of my knowledge. I understand that should a protest arise concerning the eligibility of any players participating on my team, that it will be necessary that proper documentation (i.e Picture hanging in the hall way) be made available verifying the player's eligibility. It is understood that should one of my players be found ineligible, that all games will be forfeited in which that player has participated and that the player will not be able to continue participating in the tournament.

Print Name: _____ Signature: _____ Date: _____