MIDDLE ATLANTIC ASSOCIATION CHAMPIONSHIPS
TEAM ENTRY FORM

TEAM NAME:			AGE GROUP:
CONTACT INFO:	FAX:	EMAIL	BUS. PHONE:

NO.	Player Name	AAU#	DOB	Hometown, State

Coaching Staff	Name	Home Phone	Business Phone	Address: Street, City, State, Zip
#1 Head				
#2 Asst.				
#3 Asst.				
#4 Asst.				

"A" or "B" TOURNAMENT (CIRCLE ONE)
Signature of Team Coach/Club Director: _____
Verification of Original Birth Certificate certifies that he/she has checked the above Original Birth Certificates.