



2018 - 2019 Game Time Gym Tournament Registration Form

Tournament Date: _____ **Current Grade:** _____ **Gender:** _____

TEAM NAME

TEAM COACH

TELEPHONE	Home	Work	Cell
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ADDRESS	City	State	Zip
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EMAIL ADDRESS

Team Members

PLAYER'S NAME: (please print)

JERSEY #

1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____

*Game Time Gym only accepts **cash or check** payment*

Make check payable to Game Time Gym II and mail to: 404 Olympia Dr. Bloomington, IL 61704

There is a \$25 service charge assessed on all checks returned with insufficient funds.

For office use only: Amt. Pd \$ _____ Check # _____ Date _____ Pymnt Type _____