

2019 - 2020 Game Time Gym Tournament Registration Form

Tournament Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender:\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **TEAM NAME**  |  |
| **TEAM COACH**  |
| **TELEPHONE** | **Home** | **Work** | **Cell** |
| **ADDRESS** | **City** | **State** | **Zip** |
| **EMAIL ADDRESS** |  |  |  |

Team Members

PLAYER’S NAME: (please print)

1.

2.

3.

4.

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15.

**JERSEY #**

*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