



2020 - 2021 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. _____	_____

*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.
