

TOURNAMENT ENTRY INFORMATION

Club / T	Team Name:					
Tournament Date:			Tournament Name:			
Contact Name:		E-Mail Address:				
Address		City:		Sta	State:Zip:	
Contact	t Number(s):		/			
Total Teams Entered:_		Tournament Team Fee: \$		Total Fee Paid: \$		
Check#		/CC #		EXP	CCV	
M/F	AGE / DIV	COACH	EMAIL-A	DDRESS	CELL NUMBER	
COACH/TEAM SCHEDULING CONFLICTS:						

Down Town Sports

New Jersey Gym Ratz AAU Club Program

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Coach Ozzie coachozzie34@aol.com

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