



# TRISTAN GRABNER MEMORIAL TOURNAMENT

## 2021 REGISTRATION FORM

TEAM NAME	AGE LEVEL
	<b>13U</b>
MANAGER NAME	FEE ENCLOSED
	<b>Yes No</b>

TEAM MAIN CONTACT EMAIL	# of PLAYERS
TEAM MAIN CONTACT CELL	ALTERNATE TEAM CONTACT CELL (ASST COACH)
WEEKDAY PLAYING RESTRICTIONS (will make all attempts to accommodate, but cannot guarantee)	

NUM	PLAYER NAME	BC	W

NUM	PLAYER NAME	BC	W
	<b>COACH NAME</b>		<b>W</b>
<b>HC</b>			
<b>AC</b>			
<b>AC</b>			
<b>AC</b>			
<b>AC</b>			

- ALL Checks should be made payable to **"HAC"**

- Teams Registered on a First Paid Basis

- Check and Registration Mailed To:

Jake Kuffel  
17750 Willard Ln  
Lockport, IL 60441