



TRISTAN GRABNER MEMORIAL TOURNAMENT

2021 REGISTRATION FORM

| | |
|--------------|---------------|
| TEAM NAME | AGE LEVEL |
| | 9U |
| MANAGER NAME | FEE ENCLOSED |
| | Yes No |

| | |
|--|--|
| 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) | |
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| NUM | PLAYER NAME | BC | W |
|-----|-------------|----|---|
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| NUM | PLAYER NAME | BC | W |
|-----------|-------------------|----|----------|
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| | | | |
| | COACH NAME | | W |
| HC | | | |
| AC | | | |
| AC | | | |
| AC | | | |
| AC | | | |

- 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