

May $18^{th} - 20^{th}$

Registration Form \$800 Per Team

Contact: (612) 244-3759

Tear	m Name:		
Team Captain:		Phone Number:	
Team Division:	REC B	INTERMEDIATE	(Please Circle One)

Team Biviolom REG B		(1 leas	e direie on	icj			
Team Roster							
4.11 . 37	Email Address	At	Athlete Ability				
Athlete Name		"A"	"B"	"C"			
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
13)							
14)							
15)							
16)							

Registration Form and Fees are due by May 1st. There will be no refunds given.