



Fall Classic Tournament Application

TEAM NAME	
ASSOCIATION	
DIVISION	U11 U13
CATEGORY	Competitive B Competitive AA

CONTACT NAME	
ADDRESS	
CITY	
POSTAL CODE	
HOME #	
CELL #	
E-MAIL (Required)	

** By signing this form, the Team Manager on behalf of his/her team releases any sponsors of the above mentioned tournament, its officials, arena management and all concerned with the tournament, from any liability for any injury or accident which may be incurred by any players or team official while participating in, or coming to, or going from, the tournament and accepts all decisions of the tournament committee as final.

Registration fee is \$1150.00

Contact Steve Marshall at rmhcexecdir@gmail.com for payment information.

TEAM MANAGER / OFFICIAL

SIGNATURE: _____ DATE: _____