



TEAM REGISTRATION FORM

Team Name		
Contact		
Phone	Cell	Fax
Email		
Mailing Address	City	Zip

Team Information:

Gender:	Male	Female	
Age Division:			
Youth:	U11	U13	U15
High School:	JV	VAR A	VAR B
College/Club			
Level of Play:	Intermediate	Good	Very Good

Tournament fees should be made payable to "Mass Elite"  
Team Fee is \$650.00 or \$500.00 for girls U11 – DUE JUNE 1, 2005

Enclosed, Check # \_\_\_\_\_

Charge my Credit Card in the amount of: \_\_\_\_\_

Type: MC    VISA

Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Mail to: MASS ELITE \* PO BOX 501 \* N. Scituate, MA 02060 OR Fax with CC to #781-344-4080  
Questions? Call Paula Evans or Leslie Frank at #781-344-4465