



Team Sign-Up Form

SCHOOL NAME: _____

TEAM NAME: _____

Captains must return forms to Tournament Director before their first match

CAPTAIN (Please print clearly)

Name: _____

Campus Address: _____

Phone Number: _____

Major: _____

Year In School: _____

Social Security #: _____
(optional)

PLAYER (Please print clearly)

Name: _____

Campus Address: _____

Phone Number: _____

Major: _____

Year In School: _____

Social Security #: _____
(optional)

PLAYER (Please print clearly)

Name: _____

Campus Address: _____

Phone Number: _____

Major: _____

Year In School: _____

Social Security #: _____
(optional)

PLAYER (Please print clearly)

Name: _____

Campus Address: _____

Phone Number: _____

Major: _____

Year In School: _____

Social Security #: _____
(optional)