## On Turf Sports

## TOURNAMENT REGISTRATION/ROSTER

This form needs to be completed and mailed with the tournament registration fee to the address at the bottom of the form before the deadline stated. Teams must show proof of insurance at the pre-tournament check-in. Check-in will be required 1 hour before your first game time.

CONTACT INFORMATION: (Please Print) M	Manag	ger's N	ame _				
Address:		City: _		;	State: _	Zip:	
Home Phone Number: ( ) -				Phone Number			
Email:							
PARTICIPANTS AND THEIR PARENT(S) OR GUA FORM THAT PROPER CONDUCT TOWARDS PL ANY TIME, YOUR CONDUCT IS CONSIDERED O LEAVE THE EVENT.	<b>AYER</b>	S, OFF	ICIALS	S AND COACH	ES WILL	BE FOLLOW	ED. IF AT
Tournament Name:				eby release, abso			
Manager's Signature:				ss ON TURF SF ectors and game			
Date:		demand	l's or a	actions whatsoe in this ON TUR	ver, whi	ch may arise d	out of his/her
(Please Print)				Parent or	Guar	dian's Signa	ature is
Team Name:						or Each Play	
Name D	OOB	A	Age				
Player 1:( /	/	)		Signature 1			
Player 2:( /	/	)		Signature 2			
Player 3:( /	/	)		Signature 3	:		
Player 4:( /	/	)		Signature 4	:		
Player 5:( /	/	)		Signature 5			
Player 6:( /	/	)		Signature 6	·		
Player 7:( /	/	)		Signature 7	·		
Player 8:( /	/	)		Signature 8	:		
Player 9:( /	/	)		Signature 9	·		
Player 10:( /	/	)		Signature 1	0:		
Player 11:( /	/	)		Signature 1	1:		
Player 12:( /	/	)		Signature 1	2:		
Player 13:( /	/	)		Signature 1	3:		
Player 14:( /	/	)		Signature 1	4:		

## Please make CHECKS PAYABLE TO: OnTurf Sports LLC

Phone: 941-445-0050 Joel Holloway Phone: 260-414-3298 Mark Green E-mail: onturfsports@gmail.com www.onturfsports.com Mail Form and Entry Fees To: 2515 Grand Canyon Corridor Fort Wayne, IN 46808