



## General Tournament Registration

Tournament: \_\_\_\_\_ Dates: \_\_\_\_\_

Division (age, gender): \_\_\_\_\_ Preferred Division (if applicable): \_\_\_\_\_

Team Name: \_\_\_\_\_

Coaches Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Coaches Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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Payment Method: (A \$100 deposit is required with league registration)

Cash: \_\_\_\_\_

Check: \_\_\_\_\_

Credit Card: Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Mail registration form to:  
Unity Health System Total Sports Experience  
880 Elmgrove Rd.  
Rochester, NY 14624