



General Tournament Registration

Tournament: _____ Dates: _____

Division (age, gender): _____ Preferred Division: Red (upper) _____ Blue (lower) _____

Team Name: _____

Main Contact: _____ Email: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Additional Contact: _____ Email: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Club President/Athletic Director: _____ Email: _____ Phone: _____

**A \$100.00 deposit is required with your registration form.
Full payment is due prior to the start of the tournament.**

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

Cash: _____

Check: _____

Credit Card: Card #: _____ Expiration Date: _____

Name on Card: _____ CVV Number: _____

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