

TOTALSPORTS EXPERIENCE

General Tournament Registration

Tournament: _____ Date(s): _____

Division (age, gender): _____ Preferred Division (if applicable): _____

Team Name: _____

Coaches Name: _____ Email: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Manager's Name: _____ Email: _____

Address: _____

Day Phone: _____ Evening Phone: _____

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

Cash: _____

Check: _____

Credit Card:

Card #: _____ Expiration Date: _____

Signature: _____

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