

OUT OF THE BOX SPORTS

Tournament Registration Form

TEAM INFORMATION

Name of Team (Type below)	Select Grade (3-12)	Select Division
	<input type="radio"/> 3 rd Grade <input type="radio"/> 4 th Grade <input type="radio"/> 5 th Grade <input type="radio"/> 6 th Grade <input type="radio"/> 7 th Grade <input type="radio"/> 8 th Grade <input type="radio"/> 9 th Grade <input type="radio"/> 10 th Grade <input type="radio"/> 11 th Grade <input type="radio"/> 12 th Grade	<input type="radio"/> DI <input type="radio"/> DII <input type="radio"/> DIII
Boys or Girls (Select)	<input type="radio"/> Boys <input type="radio"/> Girls	

COACH/BENCH PERSONNEL

Head Coach Name	E-mail	Phone Number
Assistant Coach Name	E-mail	Phone Number

ADMIN CONTACT

TEAM ADMIN CONTACT	E-mail	Phone Number