

Central MD ATTITUDE Tournament Registration Form

** All applicants please send an email to info@attitudehoops.com to let us know you are coming! Please subject the email ATTITUDE Tournament & include your team name and the team divisions that you are registering for. PAYMENT MUST BE INCLUDED WITH MAILED REGISTRATION FORM. NO EXCEPTIONS. Thank you.

Date: Saturday - May 24th
Location: Westminster, MD

Club Name: _____

Name of Head Coach: _____

Address: _____

Phone Number: _____

Email: _____

Please CIRCLE the following age divisions that you will be registering teams for:

9u A B C 12u A B C 15u A B C

10u A B C 13u A B C

11u A B C 14u A B C

Total Number of Teams: _____

Pricing \$250 per team

Total Amount : _____

Additional Information: _____

Payment and Registration Due By May 10th

Mail to: Ray Vernon
c/o Central MD ATTITUDE
331 Hilltop Drive
Westminster, MD 21158

Contact Info: Ray Vernon
443-797-5041
info@attitudehoops.com

