

Team Registration Form:

Team Name and Level: _____

Association: _____

Head Coach: _____

Phone: _____

Email: _____

Team Contact/Manager _____

Phone: _____

Email: _____

Address: _____

City/State/Zip: _____

Jersey Colors: _____

Please Attach Official USA Roster, If not available at time of registration please email it to Beloittournamentdirector@gmail.com when its received

Jersey Number	Name	Jersey Number	Name

Return to: BYHA Tournaments Attention Kyle Staack 1109 Hinsdale Ave, Beloit WI 53511 Beloittournamentdirector@gmail.com or 608.295.2276

Make Checks Payable to BYHA for \$550 per Team, Mite tournament \$175

