

# BAY COUNTY CIVIC ARENA

APRIL IN THE **BC**

## 3 on 3 Tournament Application

Team Name: \_\_\_\_\_ Color: \_\_\_\_\_

Team Manager: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Division/Age: U8 (Mite)                      U10 (Squirt)                      U12 (Pee Wee)                      U14 (Bantam)

**Roster:** All players & coaches must be registered with USAH. 7 Players maximum.

	<u>Name</u>	<u>Birthdate</u>	<u>House</u>
Player 1:	_____	_____	_____
Player 2:	_____	_____	_____
Player 3:	_____	_____	_____
Player 4:	_____	_____	_____
Player 5:	_____	_____	_____
Player 6:	_____	_____	_____
Player 7:	_____	_____	_____
Coaches:	_____	_____	_____

Everyone on the bench must be on the USAH Roster as a coach, have a background check and take the Safe Sport Training.

Payment Amount:                                      Date:                                      Type:

Staff Initial's:

