

CHURCH TEAM TOURNAMENT REGISTRATION FORM

(April 6 & 7)

Team Name, Alumni Years, or Church Affiliation _____

IN WHICH DIVISION WILL YOUR TEAM BE COMPETING?

_____ 30 & Younger (*Open Division*)

_____ 31 & Over (*Classic Division*)

Team Coach / Contact Person: _____

Contact Person's Mailing Address: _____
(street) (city) (zip)

E-mail: _____ Phone #: _____

ROSTER

(Minimum of **EIGHT** players. **Ages** required for the **Classic Division Only**)

<u>Name</u>	<u>AGE</u>	<u>Name</u>	<u>AGE</u>
1. _____	_____	9. _____	_____
2. _____	_____	10. _____	_____
3. _____	_____	11. _____	_____
4. _____	_____	12. _____	_____
5. _____	_____	13. _____	_____
6. _____	_____	14. _____	_____
7. _____	_____	15. _____	_____
8. _____	_____	16. _____	_____

REGISTRATION DEADLINE: FRIDAY, MARCH 22

Please return the registration form to Lincoln Lutheran.
1100 North 56th Street, Lincoln, NE 68504; Attn. Lyle Ziems

***IF YOU CANNOT HAVE YOUR ROSTER READY BY MARCH 22 BUT ARE VERY CONFIDENT OF HAVING A TEAM, PLEASE COMMUNICATE THAT INTENT.**

E-mail: lziems@lincolnlutheran.org

School Phone: 467-5404

Home Phone: 464-2957