

TAG CENTER ROUND ROBIN

REGISTRATION FORM

Grade: _____ Boys _____ Girls _____ Tourney Date: _____

Team Name: _____

Address: _____ City: _____ Zip: _____

Head Coach: _____

Phone: _____ Email _____

Asst. Coach: _____

Phone: _____ Email _____

Roster (No AAU or All-Star Teams Allowed)

1. _____

7. _____

2. _____

8. _____

3. _____

9. _____

4. _____

10. _____

5. _____

11. _____

6. _____

12. _____

Fees Paid

Date Paid

- **Entry fee of \$170 payable to Mayville Recreation Dept.**
- **Mail entry fee & roster to: Mayville Recreation Dept. P.O.Box
273 Mayville, Wisconsin 53050**