

General Tournament Registration

Tournament: _____ **Dates:** _____

Division (age, gender): _____ **Preferred Division:** Red (upper) _____ Blue (lower) _____

Team Name: _____

Main Contact: _____ **Email:** _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Additional Contact: _____ **Email:** _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Club President/Athletic Director: _____ **Email:** _____ **Phone:** _____

**A \$100.00 deposit is required with your registration form.
Full payment is due prior to the start of the tournament.**

Payment Method: (A \$100 deposit is required with league registration)

Cash: _____

Check: _____

Credit Card: Card #: _____ Expiration Date: _____

Name on Card: _____ CVV Number: _____

Mail registration form to:
Rochester Regional Health Total Sports Experience
880 Elmgrove Rd.
Rochester, NY 14624