



CENTRAL JERSEY HAWKS 2010 SHORE SHOOTOUT



TOURNAMENT APPLICATION

Organization: _____

Team Name: _____

Circle One: **GIRLS** **BOYS**

Level of Play (circle one): **A** **B** **C**

Age (U9 - U18): _____

Head Coach: _____

Address: _____

City, State Zip: _____

Phone #: _____

Cell Phone: _____

Fax #: _____

Email: _____

Check this box if you have an insurance liability policy

TEAM ROSTER

	Name	DOB	HEIGHT	No.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

SPECIAL REQUESTS _____

TOURNAMENT COST - Girls: \$425 Boys: \$400

Make payable to: Central Jersey Hawks Basketball Club

Mail to: Central Jersey Hawks, P.O. Box 314, Holmdel, NJ 07733