

**2019 MJVBA
REGULAR SEASON, TOURNAMENT ENTRY FORM**

Club Name _____ MJVBA Club ID _____

Club Director _____ Email _____

Address _____ City _____ Zip _____

Cell (_____) _____

Tournament Host _____ **Tournament Date** _____

Team Name _____ **Team ID** _____

Coach _____ Cell (_____) _____

Age Group **18 17 16 15 14 13 12 10** Level: **1/2 (Elite/Good) 3 (Average) 4 (Novice)**

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Coach _____ Cell (_____) _____

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Regular Season tournaments: Make check payable to the **Host Club** and mail to host tournament director. Total number of teams _____ X \$125.00 (10U \$25) = _____