



**TEAM NAME:** \_\_\_\_\_

**COACHES NAME(S):** \_\_\_\_\_

\_\_\_\_\_

**COACHES/TEAM MANAGER CONTACT EMAIL:**

\_\_\_\_\_

**LEVEL OF PLAY (CIRCLE ONE):**

ADVANCED

INTERMEDIATE

**PAYMENT:** Please make checks payable to: Travis Hamilton

**Full payment and rosters are due by January 19, 2018**



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