



**Champions of Tomorrow & Get Good Sports are proud to announce:**

## **3<sup>rd</sup> Annual Summer Starts Here**

**Sunday June 13, 2010**

**Games 8am-6pm**

**Discovery Sports Center**

**18031 Central Park Cir., Boyds, MD**

**The Jackals club will host this action-packed event,  
bring your teams for outdoor all-day half-field turf games!**

- **\$400 per team**
- **Tournament is for U12, U14, U16, and U19 players**
- **Teams are guaranteed four 30 minute 7v7 games**
- **Co-ed Adult Division for coaches and players**
- **USFHA rules, playoffs included, certified refs**
- **College Coaches in attendance, opportunity for recruitment exposure**
- **ALL TEAM FEES ARE NON-REFUNDABLE**
- **All participants are required to complete a signed waiver.**
- **One registration form per team (organizations sending more than one team need to fill out one form per team)**
- **Spots are limited so sign up now!!**

### **Registration Information**

Team Name: \_\_\_\_\_

Team Contact: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_ (mandatory)

Divisions: (circle)    U12    U14    U16    U19

**Team Fee: \$400                      Amount Enclosed: \_\_\_\_\_ Check # \_\_\_\_\_**

**Please make checks payable to Champions of Tomorrow**

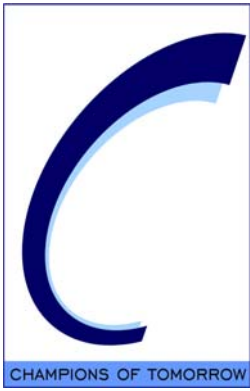
**Please mail registration forms and checks to:**

**Champions of Tomorrow**

**40 Southlawn Court, Rockville, MD 20850**

**Please direct any questions to**

**[getgood@championsoftomorrow.com](mailto:getgood@championsoftomorrow.com)**



**2010 Summer Starts Here  
Team Entry Form & Waiver**  
One form per team. Enter carefully. Complete signed waiver along with this form. Use blue or black ink. Forms may be photocopied. In the event of injury, Medical costs must be paid by the athlete. Entry will not be accepted unless waiver is signed by all players listed below.

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**Team Name** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Street Address**

**City**

**State**

**Zip**

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**Email**

**Home Phone**

**Cell/Work Phone**

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EVENT INFORMATION – Make sure to enter the complete information in the spaces provided or risk having entry returned.

**SPORT:** Field Hockey **DIVISION** \_\_\_\_\_

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Team Roster (please print clearly and don't forget to have waivers signed and submitted according to instructions). Use additional sheets if necessary. **IF ROSTER IS GOING TO BE SUBMITTED AT A LATER DATE, WRITE ROSTERS COMING LATER.**

**LAST NAME**

**FIRST NAME**

**AGE**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_