

2010 Entry Form



GNA Junior Cup May 8th & 9th

Team Name: _____

Team Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Primary): _____ Coach's Name: _____

Phone (Alternate): _____ League and Division You Play: _____

Fax: _____ State Association or USSF Affiliation: _____

Email Address (Required): _____

Office Use Only	
Date Received:	
Check #:	Amount:
Date Acknowledged:	

Most Recent Season Record:

Won: ____ Lost: ____ Tied: ____

Age Group (i.e. U-12, last season): _____

Division Strength (i.e. A, B, C, D, E): _____

Finished in _____ position within division.

Team Gender	Age Group (born between)	Entry Fee
Boys <input type="checkbox"/>	<input type="checkbox"/> U-9 6 x 6 (8-1-00 & 7-31-01)	\$325
Girls <input type="checkbox"/>	<input type="checkbox"/> U-10 6 x 6 (8-1-99 & 7-31-00)	\$325

Most Recent Tournament Records:

Tournament Name	Date	City/State	Record W-L-T	Division	Position
1.					
2.					
3.					
4.					

My team meets all the requirements outlined in the tournament invitation. Signature: _____

Where did you learn about the tournament? _____

Send completed entry form including signature with the \$325 entry fee (check or money order) to:

GNA Junior Cup
268 South Cassady Avenue
Columbus, OH 43209

Must Be Received By: April 9, 2010