

TEAM APPLICATION FOR A U10 JAMBOREE

Tournament Name _____ Date _____

Team Name _____ League _____ Dist _____

Team Contact Person _____ Title _____

Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____ Fax _____ Email _____

Roster information

Coach _____ Asst. Coach _____

Phone _____ Email _____ Phone _____ Email _____

Player Name	Birthdate m/d/y	Circle Selection
1. _____	_____	Gender M F
2. _____	_____	Class 1 3
3. _____	_____	Age Group U9 U10
4. _____	_____	
5. _____	_____	
6. _____	_____	
7. _____	_____	
8. _____	_____	
9. _____	_____	
10. _____	_____	
11. _____	_____	
12. _____	_____	
13. _____	_____	
14. _____	_____	

**If you are not from Dist. 3
you will have to get
permission from your
Dist. Tournament Dir. or
Dist. Com.---Sign below**
