Heritage Shootout
5 v 5 Tournament
May 15 & 16, 2010

Team Name_____

Age Group_____ Gender_____

Coach Name:_____

Address:_____

Phone (H)_____ (C)_____(W)_____

Email:_____

Please indicate the name of any other team(s) and their age group(s) that are being coached by your coach and are entered in the Tournament_____

Circle one: Division One Division Two

South Florida Sports is not responsible for game scheduling conflicts created by coaches of more than one team, though we will make every effort to avoid conflict. Please understand that we cannot make changes once schedules are set. I hereby acknowledge that as a condition of acceptance, our team understands that if a team is accepted and later withdraws, the entrance fee is forfeited.

Signature:_____ Date_____

Registration Fees: $175.00 per team

Make check payable to "South Florida Sports Inc" and deliver application by the deadline of May 5, 2010 to:

South Florida Sports Inc.,
5225 Rising Comet Lane,
Greenacres,
FL 33463.