

3V3 Tournament Registration

Team Name _____

Contact Person _____

Contact Number _____

Contact Email _____

Age Group _____

Team Members

1 _____ **DOB** __/__/__

2 _____ **DOB** __/__/__

3 _____ **DOB** __/__/__

4 _____ **DOB** __/__/__

***ONE REGISTRATION PER TEAM* CONTACT PERSON IS RESPONSIBLE FOR KEEPING THEIR TEAM UP TO DATE AND INFORMED!!**

***Medical release and waiver will be sent out upon receipt of registration.**

www.traindec.com

Check the website for more details.

Phil Hufstader 910.431.0929

Kenny Bundy 910.431.2347

Send registration to:

Developmental Elite Coaching

1121 Military Cutoff Rd. #353, Suite C

Wilmington, NC 28405