



JULY 6-8, 2018

REGISTRATION FORM

Team Name _____	Address _____
Registration # _____	Address _____
Coach _____	City _____ Zip _____
Home Phone _____	Cell Phone _____
Work Phone _____	Email _____

REGISTRATION FEE: \$450

Please circle the grade level that your team is entering

3 rd Grade	4 th Grade
5 th Grade	6 th Grade
7 th Grade	8 th Grade
9 th Grade	10 th Grade
11 th Grade	12 th Grade

FOR MORE INFORMATION CONTACT:
BENNY FRAGELA 786-853-0315
EMAIL: BENNY@CBFSPOURSMGNT.COM

**This form must be completed and
returned by: June 26, 2018**

WWW.RUDYGAYOFFICIAL.COM