



JULY 06-08, 2018

## REGISTRATION FORM

Team Name _____	Address _____
TEAM GRADE _____	City _____ Zip _____
Coach _____	Assistant _____
Home Phone _____	Cell Phone _____
Work Phone _____	Email _____

**REGISTRATION FEE \$350**

Please circle the grade level that your team is entering

3 <sup>rd</sup> Grade	4 <sup>th</sup> Grade
5 <sup>th</sup> Grade	6 <sup>th</sup> Grade
7 <sup>th</sup> Grade	8 <sup>th</sup> Grade
9 <sup>th</sup> Grade	10 <sup>th</sup> Grade
11 <sup>th</sup> Grade	12 <sup>th</sup> Grade

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

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