



SEPTEMBER 9-10, 2022

TEAM REGISTRATION FORM

Please complete the registration form and submit with your payment, which can be made in the form of cash, check, money order or credit card.

Make checks payable to: Las Cruces Event Planning

Team Name: _____ Age: _____

Head Coach: _____

State: _____ League: _____

Circle One: Boys Girls Co-ed

Club Affiliation _____ Uniform Color: _____

Spring Season Record (W-L-T): _____

Tournament/Registration Contact: _____

Circle One: Head Coach Assistant Coach Manager Other _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

***Please attach the completed Liability Waiver Form/Roster**