

## 2010 BigTop Blowout Tournament Registration

Team Name: \_\_\_\_\_ Sponsor: \_\_\_\_\_  
 Head Coach: \_\_\_\_\_ St. Address \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Asst. Coach/Manager: \_\_\_\_\_ Phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_  
 Age Division: \_\_\_\_\_ Motel: \_\_\_\_\_

Return roster by 06/10/10 to: Baraboo Thunder, P.O. Box 306, Baraboo WI, 53913-0306

Roster Changes allowed up to start of teams first game.

Birth Certificates & Insurance Cards will be checked.

	Name	Birth Date	Signature
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