

2010 MASS ASA JO LOCAL TOURNAMENT APPLICATION FORM

(THIS APPLICATION MAY BE XEROXED FOR MULTIPLE ENTRIES)

LOCAL TOURNAMENT APPLICATION FOR:

TOURNAMENT NAME: _____

DATES: _____

AGE DIVISION/CLASS: _____

FEE: \$ _____

**CALL HOST TOURNAMENT DIRECTOR FOR AVAILABILITY
MAKE ALL CHECKS PAYABLE TO HOST LEAGUE OR TEAM
SEND CHECK AND APPLICATION TO INDIVIDUAL TOURNAMENT DIRECTORS**

CONTACT PERSON INFORMATION: (WHERE TO SEND TOURNAMENT PACKET)

NAME: _____

ADDRESS: _____

CITY/TOWN: _____ ZIP: _____

TELEPHONE: (H) _____ (W) _____

E-MAIL ADDRESS: _____

TEAM NAME: _____

**PLEASE NOTE YOU WILL RECEIVE ALL TOURNAMENT INFORMATION FROM RESPECTIVE
TOURNAMENT DIRECTORS, UPON RECEIPT OF YOUR APPLICATION.**