

Total # of Teams Entered: 1

Street:

City / State / Zip

Fee Enclosed:

Comments / Requests:

(Anything we need to know about your team's skill level or match ups)

Haddonfield Lions Club

Registration Form # ____ of ____

2020 Lizzy Haddon Tournament Registration

May 2nd & May 3rd, 2020

Registration Form Due by Friday, April 24, 2020

- Please fill out a <u>separate</u> Registration Form <u>for each Team</u>
 - Make checks payable to: Haddonfield Lions Club

City:

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- Mail check & Registration Form to: Haddonfield Lions Club, PO Box 401, Haddonfield, NJ 08033
 - Please put team name (s) on Check memo line

State:

Requests for special game times, or to accommodate coaching multiple teams at

NJ PA

DE

Zip:

Any Questions? Email us at kressler10@gmail.com or call Ken Ressler @ 609-680-5832

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Tournament Website: http://www.haddonfieldlions.org/lizzyhaddontournament

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Entry Fees Per Team:	: (Each Team plays 4 Games – 2 games on Saturday & 2 games on Sunday)		
1 Team (@ \$450): \$450	2 Teams (@ \$450): \$900 3 Teams (@ \$450): \$1350		
4 Teams (@ \$425): \$1700	5 Teams (@ \$425): \$2125 6 Teams (@ \$425): \$2550		
7 Teams (@ \$425): \$2975	8 Teams (@ \$425): \$3400 9 Teams (@ \$425): \$3825		
Team Name:	# of Players on Team:		
Team Location:	(Town or County, & State)		
School Grade	Circle One: 5 6 7 8 9 10		
& Skill Level	Circle One: A A/B B C		
Coach's Name:	First: Last:		
Coach's Phone:	Mobile 1: () - Mobile 2: ()-		
Coach's eMail:	@		

If your organization uses someone other than the coach to schedule tournaments, please provide the contact information:

the same time cannot be guaranteed

Coordinator Name:		
Coord eMail & Phone:	@	() -

Check No: