



MONEYBALL SHOOTOUT

AIMHIGH

7977 Centerline Drive, Diamondale, MI 48821

MAY 11-12 2013

TEAM NAME _____ AGE GROUP _____

COACH #1 _____ CONTACT PHONE _____ EMAIL _____

COACH #2 _____ CONTACT PHONE _____ EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

	JERSEY NO.	PLAYER NAME**	AGE	DOB	HEIGHT	SCHOOL	CURRENT GRADE
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

I hereby certify that the members of team named above meet the age requirements stipulated by the **MONEYBALL SHOOTOUT**. I also certify that each of the above named players is covered by a proper accident policy of insurance.

In consideration of your accepting this team roster, I hereby for myself, my team. Heirs, executors, administrators, and assignees waive and release any and all damages incurred at said tournament.

_____ Date

_____ Signature of Team Representative, Position with Team

****Please type or print names legibly, Thank you!**

FAX: 517-882-4483

PHONE: 517-393-0763

EMAIL: events@moneyballsportswear.com

Please return by April 26, 2013 to ensure inclusion in tournament.