Full Court Press Tournament

Presented by
Miles Ahead Youth Organization

Registration Form

Team Name: _____

Age Group: ☐10U/4th ☐11U/5th ☐12U/6th ☐13U/7th
Check Box/Age

Head Coach Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Home Phone: ( ) _____ Alternate Phone: ( ) _____

E-mail Address: _____

Assistant Coach Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Home Phone: ( ) _____ Alternate Phone: ( ) _____

E-mail Address: _____

Return your completed registration form, completed tournament roster, a copy of each player's birth certificate, along with your certified check or money order for $150 (made payable to the MAYO) by ……..

Send Registration Form & Payment:
Miles Ahead Youth Organization
3051 Water Brook Drive
Conyers, Georgia 30094