CONNECTICUT MAGIC GIRLS BASKETBALL CLUB MAGIC MADNESS TOURNAMENT

(Circle One)

TEAM NAME:_____ AGE GROUP: 6th, 7th 8th and 9th grade

ADDRESS:_____ LEVEL: B C

CITY:_____ STATE:_____ ZIP CODE:_____

CONTACT NAME: _____ TELEPHONE#:_____

COACH NAME: _____ ASSIST COACH NAME: _____

EMAIL ADDRESS: _____ DATE:_____

PLAYER INFORMATION

PLAYER NAME	HOME ADDRESS	CITY	D.O.B.	GRADE	SCHOOL	UNIFORM NUMBER	AAU NUMBER