



## 2020 Redmen Tournament Registration Form

**Team Name:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Age Group (select one):** 10 12 14 16 18

**Tournament Name (select one):**

<u>11<sup>th</sup> Annual Think Pink</u>	<u>3<sup>rd</sup> Annual Alzheimer's</u>
<u>31<sup>st</sup> Annual EOY for ALS</u>	<u>3<sup>rd</sup> Annual Lymphoma</u>

**Head Coach Name:** \_\_\_\_\_

**Head Coach Cell #:** \_\_\_\_\_

**Head Coach Email Address:** \_\_\_\_\_

**Please make check payable to: "TGSL"**

**Mail to: Rich Iandoli 542 Kendall Rd Tewksbury, MA 01876**

**Reserved for Redmen Use:**

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