

COURTNEY S.CROOMS
5th ANNUAL MEMORIAL TRN - 2012

Fax to: 404.996.1174

This Form Must Be Completed in Full – No Blanks

****Injured players' name MUST appear on roster and must be present in team jersey in order to get in free/be seated on bench****

Club/Team Name _____

Age Division (circle) 13U 14U 15U 16U-18U

All Entry Forms and Checks (\$260 – Made payable to: **The Courtney S. Crooms Foundation**) for all age groups Must **Be Received (not postmarked) five (5) DAYS Prior to Tournament**. Mail Entry to The Courtney S. Crooms Foundation, P. O. Box 697, Lovejoy, GA 30250. If you have questions please call Meshal Crooms @404.293.4517. There will be no additions to entry form after one week prior to the tournament. Any changes must be called in to the foundation directly at 404.293.4517. There may only be a maximum of **15** athletes per team.

JERSEY #	List Players in Alphabetical Order - Last Name First	POSITION	Current Grade	School & State of Residence	Date of Birth	AGE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Print Name of Head Coach

Print Name of Assistant Coach

Print Name of Other Coach

Phone#

Phone#