

BATTLE IN ROCKY TOP

Team Registration Form

Team Name:_____

League (you participate in):_____

Website:_____

Age Division (ALL teams must circle one of the ages below, one form per team):

5u

6u (1st Grade)

7u (2nd Grade)

8u (3rd Grade)

9u (4th Grade)

10u (5th Grade)

11u (6th Grade)

12u (7th Grade)

13/14u(8th Grade)

14/15u(9th Grade)

Head Coach:_____

Cell Phone # & email

Alternate Team Contact:_____

About schedule, roster or any details (Cell Phone & email)

League Record (Project if not started):_____Record At Our Tournament Last Year If Attended _____

-How many players do you plan on bringing_____Two oldest players birthdates _____

-Heaviest Ball Carrier Weight_____Heaviest Player Weight _____

I am bringing to the tournament (check one of the following below, you MUST be accurate):

Regular Season Team (played together all year, league president will sign off stating as such)_____

Regular Season Team with 3 or less pick-ups from other teams in my league_____

Regular Season Team with pick-ups from lower level (or lower age) team in our program_____

Tournament Team (mixture of players from various teams within our league)_____

Select Team (players who all play for same program but on different teams during season)_____

Mail completed form to: **(make all checks payable to Battle In Rocky Top)**

Battle In Rocky Top. C/O Josh Jones. 369 Windstone Blvd. Powell, TN 37849