

# 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):

6u (1<sup>st</sup> Grade)

7u (2<sup>nd</sup> Grade)

8u (3<sup>rd</sup> Grade)

9u (4<sup>th</sup> Grade)

10u (5<sup>th</sup> Grade)

11u (6<sup>th</sup> Grade)

12u (7<sup>th</sup> Grade)

13/14u

14/15u

**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