



Giant Classic All-Star Tournament

Team Registration Form

League Name:	
League Director's Name:	
Telephone Number:	
League Email:	
Division/Grade:	
Head Coach Name:	
Head Coach Number:	
Head Coach Email:	

Send completed registration form and entry fee to:
Tournament Coordinator
P.O. Box 34276
Indianapolis, IN 46234

Make checks payable to: BDCFA

****You must complete a separate form for each team that will participate in our tournament. Payment must be received by November 1st.**

Giant Tournament Team Roster & Weight Verification

(This form must be used to submit all team rosters and must be turned in at the time of weigh in, along with copies of birth certificates and grade verification)

Team Name:		
League Name:		
Head Coach:	Phone #:	Email:
1 st Asst Coach:	Phone #:	Email:
2 nd Asst Coach:	Phone #:	Email:
3 rd Asst Coach:	Phone #:	Email:

Player Information

Player Name	Date of Birth	Grade	Player #	Weight (We fill this in)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
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24.				
25.				

