



## Team Registration Form

Tournament Name: \_\_\_\_\_ Tournament Dates: \_\_\_\_\_

Team Name: \_\_\_\_\_ Manager Name: \_\_\_\_\_

Division: 11U 12U 13U 14U Cost: \$ \_\_\_\_\_

Contact (if different than coach): \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Home Phone: \_\_\_\_\_ Contact Cell Phone: \_\_\_\_\_

Contact E-Mail: \_\_\_\_\_

Payment Attached  Mailed payment \_\_\_\_\_ (Date)  Paid Online \_\_\_\_\_ (Date)

Comments/Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mail payment and registration form to:  
Future Champions of America  
231 E. Alessandro Blvd., Suite A483  
Riverside, CA 92508

You can fax registration form to 951-685-6211

If you have any questions, please email: [fcatornament@yahoo.com](mailto:fcatornament@yahoo.com) OR call 714-330-0043