

Battle in the South

Team Roster

Team Name: _____ Age Division: _____

Coach: _____ Cell Number: _____

E-mail: _____ Cell Carrier: _____

Coach: _____ Cell Number: _____

E-mail: _____ Cell Carrier: _____

	Player Name	Birthdate	Age
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Please mail or fax at least 2 weeks prior to the tournament:

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 Harriman, TN 37748
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