

Turkey Day Classic Team Registration and Receipt Form

Team Name: _____

Weight Division: Flyweight Bantamweight Lightweight Middleweight
 Cruiserweight Heavyweight Middleweight

Point of Contact: Name: _____
 Address: _____
 City: _____
 State/Zip : _____

Head coach: _____ Phone: _____

Number of Players: _____ Number of Coaches: _____

Hotel at which you are staying during Turkeyday Classic:
 Adams Mark Raddison Admiral Semmes Holiday Inn
Other _____

Please except this form as a receipt from Turkeyday Classic

Tournament Director: _____
 Shane Greene