

2009 Registration Form for the 3 Blind Refs Tournament

Coach: _____

Email: _____

Address: _____

Team Name: _____

City: _____ State: ____ Zip: _____

Phone/Fax: _____

Division (Circle One)

[Please download and read rules](#)

Boys							Girls						
U10	U11	U12	U13	U14	U15	U16	U10	U11	U12	U13	U14	U15	U16

Player Name:	Jersey #	Birth Date
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		

Referee Name(s), Preferred Age, Conflicts

Ref Name	Email	Phone	Preferred Age	Conflicts

Deadline: May 1st, 2009

Fee: \$375.00 US payable to **Three Blind Refs**

Send To: *Three Blind Refs Tournament*

C/O Rob and Kris Riley
410 Crestview Road
Kalispell, MT 59901

For further information, please contact: Rob and Kris Riley (406) 257-5758 socrkids@centurytel.net