

## 2010 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](#)

<b>Boys</b>							<b>Girls</b>						
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, 2010

**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](mailto:socrkids@centurytel.net)