

FAX SHEETS TO 617.507.7872 – ALL INFORMATION MUST BE COMPLETED or PAYMENTS WILL BE DELAYED!

Location: _____ Date: _____ Format: _____
Gym Rental Rate: _____ Check Addressed to: _____ START /END TIME: _____

Gym Rental Address: _____

Onsite Tournament Director

Name: _____ SSN: _____

Address: _____

Base Rate: \$160

Round Trip Miles: _____ \$

OT (\$10 per 30 minutes): \$ Total: _____

REFEREE 1

Name: _____ SSN: _____

Address: _____

Base Rate: \$160

Round Trip Miles: _____ \$

OT (\$10 per 30 minutes): \$ Total: _____

REFEREE 2

Name: _____ SSN: _____

Address: _____

Base Rate: \$160

Round Trip Miles: _____ \$

OT (\$10 per 30 minutes): \$ Total: _____

REFEREE 3

Name: _____ SSN: _____

Address: _____

Base Rate: \$160

Round Trip Miles: _____ \$

OT (\$10 per 30 minutes): \$ Total: _____

REFEREE 4

Name: _____ SSN: _____

Address: _____

Base Rate: \$160

Round Trip Miles: _____ \$

OT (\$10 per 30 minutes): \$ Total: _____

REFEREE 5

Name: _____ SSN: _____

Address: _____

Base Rate: \$160

Round Trip Miles: _____ \$

OT (\$10 per 30 minutes): \$ Total: _____

REFEREE 6

Name: _____ SSN: _____

Address: _____

Base Rate: \$160

Round Trip Miles: _____ \$

OT (\$10 per 30 minutes): \$ Total: _____

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