

June 30th – July 2nd, 2017

4th of July Ocean State College

Showcase

Entry Form

Team Name(18/16 ?)_____ Coach's
Name_____

Mailing
Address_____st._____city/state/zip

Contact Numbers H-
_____work_____cell_____

Email
Address_____

Mail Check & Registration Form & copy of insurance

Make checks **payable to RI Thunder Gold, LLC** \$850 – 5 game guarantee

Send To:

Dave Lotti

99 Park Drive

S. Attleboro, MA 02703

Please Sign, I have read & understand all tournament rules posted on the
tournament web site.

_____coach of

-tournament website

www.oceanstateshowcase.com