

Team Registration Form

\$150 per player / \$600 per team

If you do not have a full team at the time of registration we will team you with other singles at the tournament.

Team Captain: First Name: _____ Last Name: _____
E-Mail: _____
Phone: _____ T-shirt size: _____

Player # 2: First Name: _____ Last Name: _____
E-Mail: _____
Phone: _____ T-shirt size: _____

Player # 3: First Name: _____ Last Name: _____
E-Mail: _____
Phone: _____ T-shirt size: _____

Player # 4: First Name: _____ Last Name: _____
E-Mail: _____
Phone: _____ T-shirt size: _____

Player # 1 Check # _____ Player # 2 Check # _____ Player # 3 Check # _____ Player # 4 Check # _____ or TEAM Check # _____

Credit Card# _____ Exp _____ CVC _____ Billing Zip Code _____

Signature: _____ Amount (Circle One): \$600 / \$150

Please mail your check payment along with this form. Checks should be payable to MACC and mailed to PO Box 1138, Middletown, MD 21769. Credit card payments can be made by filling out the space below or calling Autumn Hollis at 301.667.1143 to make a payment over the phone.