

**1st ANNUAL PULASKI COG WINTER CLASSIC  
DECEMBER 9TH, 2017  
PULASKI, VIRGINIA**

**jfleenor@pulaskicog.church  
Boys & Girls Grades 5th thru 8th**

**Team Name** \_\_\_\_\_ **2017-2018 Grade** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Team Mailing Address:** \_\_\_\_\_

**(City)** \_\_\_\_\_ **(State)** \_\_\_\_\_ **(Zip)** \_\_\_\_\_

**Team Contact Person:** \_\_\_\_\_

**Team Contact Person Cell Phone Number:** \_\_\_\_\_

**Team Contact Person Email Address:** \_\_\_\_\_

**Team Head Coach:** \_\_\_\_\_

**Team Head Coach Cell Phone Number:** \_\_\_\_\_

**Team Head Coach Email Address:** \_\_\_\_\_

**Each team will receive a three-game guarantee. Please return this form with a check for \$150.00 made payable to: Pulaski COG : Mail Check to: Jeramey Fleenor 1621 Bob White Blvd Pulaski Va. 24301:**

**By signing this form, I, as team representative for the \_\_\_\_\_ (Team Name), agree not to hold the Pulaski COG, either staff or volunteers of our program, the tournament volunteers, the hosting facility or its' staff liable for any injury or illness that comes from involvement in this tournament.**

**Signature of Team Representative** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name of Team Rep.** \_\_\_\_\_ **Date** \_\_\_\_\_

# Team Roster Certification

Team Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Boys/Girls: \_\_\_\_\_

**\*\*Current School Grade as of Sept. 1st 2017-2018 School Year\*\***

PLAYER NUMBER	PLAYER NAME	DATE OF BIRTH	GRADE	AGE

**\*PLEASE HAVE PLAYERS DOCUMENTATION AT CHECK IN\***

**Coach's Certification** I certify that the names, grades, and birthdates provided on this attached form for my Team is accurate and that I can provide age verification by report card and/or birth certificates if so required by the tournament staff. Please Have Players Grade Report Cards/Grade Exceptions Forms and Birth Certificate Handy Throughout Tournament Event.

**Head Coach Signature:**

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