

ROSTER AND ENTRY FORM

EVENT YOU ARE REGISTERING FOR			TEAM NAME		
GYM RATS FALL BRAWL					
AGE GROUP/ DIVISION		BOYS TEAM (CHECK BELOW)		GIRLS TEAM (CHECK BELOW)	
COACH NAME	CELL PHONE #	EMAIL		ADDRESS	

#	FIRST NAME	LAST NAME	HIGH SCHOOL	HEIGHT	GRAD. CLASS	ADDRESS <small>(If you don't have this don't worry about it)</small>	PHONE #

MAIL ENTRY FEE TO: IOWA GYM RATS – 113 CENTENNIAL DR. – HUXLEY, IA 50124