



**Tournament**  
**TEAM APPLICATION**

**Name of Tournament:**

**Date(s) of Tournament:**

**Location:**

**Team's Name:**

**Team's School:**

**Coach's Name(s):**

**Coach's Phone Number:**

**Coach's Email Address:**

**Cost:**

**ALL TEAMS MUST PREPAY BY:** \_\_\_\_\_ (PURCHASE ORDER PROCESS BY \_\_\_\_\_ )

- Please make check(s) or money order(s) payable to: CUSD Community Education
- For Purchase Order # \_\_\_\_\_
  - CHECK ONE:
    - Please invoice my site
    - No invoice needed

**NO CASH PAYMENTS ACCEPTED OR NO PAYMENT ACCEPTED AT SITE**

**Please mail or drop off to the following address:**

**Chandler Unified School District  
Attention: Community Education  
1525 West Frye Road  
Chandler, AZ 85224**

\_\_\_\_\_  
**Coach's Name (Print)**

\_\_\_\_\_  
**Coach's Signature**

\_\_\_\_\_  
**Date**



# Tournament TEAM ROSTER

Tournament Name: \_\_\_\_\_

School Name: \_\_\_\_\_

**Please attach to Team Application**

- 1. Student Name: \_\_\_\_\_
- 2. Student Name: \_\_\_\_\_
- 3. Student Name: \_\_\_\_\_
- 4. Student Name: \_\_\_\_\_
- 5. Student Name: \_\_\_\_\_
- 6. Student Name: \_\_\_\_\_
- 7. Student Name: \_\_\_\_\_
- 8. Student Name: \_\_\_\_\_
- 9. Student Name: \_\_\_\_\_
- 10. Student Name: \_\_\_\_\_
- 11. Student Name: \_\_\_\_\_
- 12. Student Name: \_\_\_\_\_
- 13. Student Name: \_\_\_\_\_
- 14. Student Name: \_\_\_\_\_
- 15. Student Name: \_\_\_\_\_
- 16. Student Name: \_\_\_\_\_
- 17. Student Name: \_\_\_\_\_
- 18. Student Name: \_\_\_\_\_
- 19. Student Name: \_\_\_\_\_
- 20. Student Name: \_\_\_\_\_
- 21. Student Name: \_\_\_\_\_
- 22. Student Name: \_\_\_\_\_
- 23. Student Name: \_\_\_\_\_