



## TEAM APPLICATION

Name of Event:

Date(s) :

Location:

Team Name:

School:

Coach:

Phone Number:

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  
(name of event)  
1525 West Frye Road  
Chandler, AZ 85224

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Name (Print)

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Signature

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Date



# TEAM ROSTER

Event Name: \_\_\_\_\_

Your 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: \_\_\_\_\_