

# 7<sup>th</sup> Annual All-Star Memorial Madness

Age Group: \_\_\_\_\_

Team Name: \_\_\_\_\_ Coach/Manager's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary E-Mail: \_\_\_\_\_

**Entry Fees – 6, 7 & 8 year olds - \$175, 9 & up - \$275**

\_\_\_\_\_ **All-Star Memorial Madness**

**May 27 - 29**

Mail this completed entry form and check payable to “Angie Turner” to:

2300 Bethlevue Road Ste 110-240  
Cumming, Georgia 30040

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**Registration deadline is 7 days prior to tournament start date. Schedules will be set at that time.**

**NOTE: Tournaments may fill before the deadline, so get your registration in as early as possible.**

**Special time requests will be considered ONLY if included with this registration form.**