

REGISTRATION FORM



PLEASE WRITE CLEARLY

MAIL THIS FORM, ROSTER, HOTEL INFORMATION FORM AND CHECK TO:

BILLS YOUTH ASSOCIATION 3700 HEMINGWAY DRIVE CHATTANOOGA, TENNESSEE 37406

TEAM ASSOCIATION							AGE	
TRIP CONTACT NAME								
PHONE HOME		CELL#		*E-	MAIL			
MY TEAM WILL ARRIVE:	TEAM WILL ARRIVE: THURSDAY NIGHT						FRIDAY MORNING	
(WE MUST HAVE AN EMAIL ADDRESS TO SEND INFORMATION REGARDING THE BOWL GAMES)								
<u>COACH INFORMATION</u>								
TEAM NAME								
HEAD COACH NAME								
COACH ADDRESS								
CITY					STATE		<u> </u>	
PHONE				_ CELL#				
*E-MAIL								
(WE MUST HAVE AN EMAI	L ADDRES	SS TO SEN	ND INFORM	ATION RE	GARDING TH	IE BOWL GAM	<u>ES)</u>	
7.02 0.1.001	6U	7U	8U	9U	10U	11/U	12U	
(CIRCLE ONE)								
DATE:								
NOTE:								
REGISTER BEFORE OCTO	BER 9, 20	23 AND S	AVE \$50. C	SCOUNTS	S FOR MULTI	PLE TEAMS		
REGISTRATION								
Thanksgiving Night from 7:00 PM to 9:00 PM and Friday morning at 8:00 AM to 1:00PM. The registration location will be included in your registration confirmation. Games start at 9:30 AM. We highly recommend arriving Thursday night.								
FOR BYA USE ONLY								
Date Registration Fee Received: Date Registration Forms Received								