



Grand Nationals | June 25-27, 2010

PLEASE SEND THIS FORM AND CHECK TO:
Grand Nationals
P.O. Box 282
Cleveland, OH 44017

DI - Elite DII - Competitive
 BOYS GIRLS

Team Name: _____ Grade/Division: _____ E-mail: _____

Head Coach: _____ Phone: _____ FAX: _____

Address: _____ City/ST: _____ ZIP: _____

I hereby certify that all information above is correct and in all consideration of participating in this or any TFN Camps & Clinics, Inc. event, that I assume full responsibility for all players listed above and that I have in my possession signed papers from each parent that states that they agree not to hold responsible TFN Camps & Clinics, Inc., its members, coaches, or other employees on account of any injury or loss or damage suffered as a result of a player participating in this or any TFN Camps & Clinics, Inc. event, including but not limited to games, practices or travel to and from these activities.

Coach's Signature: _____ Date: _____

PLEASE PRINT ALL INFORMATION

JERSEY #	NAME	GRADE	ADDRESS	CITY/STATE	ZIP	BIRTH DATE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						