

2010 MOTOR CITY MADNESS

Site of Tournament: ESC (Warren, Wixom & Novi)

Tourney Date: March 20th & 21st

Club Name: _____	MJVBA Club ID _____
Director: _____	Email: _____
Address: _____	City: _____ Zip: _____
Preferred contact method: <input type="checkbox"/> Email <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	Cell: (____) _____ - _____
H.Phone: (____) _____ - _____	W.Phone: (____) _____ - _____

Team Name: _____ ID _____
Age group: 12 13 14 15 16 17 18
Level: ___ 1 (good) ___ 2 (average) ___ 3 (novice)

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MOTOR CITY MADNESS TOURNAMENT

(MAKE CHECKS PAYABLE TO: M E V B C)

Check #: _____ Total # of teams _____ X \$300.00 = _____

MAIL REGISTRATION FORM TO:

M E V B C
48960 Southway Drive
Macomb, MI 48044

PLEASE CALL 586-557-1136 OR EMAIL TRACIE.MIELITE@GMAIL.COM IF YOU HAVE ANY QUESTIONS.