



8th Annual Holiday Gridiron Classic, 2010

www.mountainnorthwestfootball.com

PLEASE PRINT CLEARLY

Section 1
Head Coach & League

Team Name (example: River City Lions)		League Name (example: Puget Sound Youth Football League)	
Head Coach (First Name, Last Name)		Home Phone	Work Phone
		() - ()	() - ()
Address for Head Coach (Street/Apt. #, City, State, Zip Code)		Cellular Phone/Pager	
		() - ()	Best Morning ___ Best Home ___ TIME Afternoon ___ PH # Work ___ To Call Evening ___ To Call Cell ___
(If you do not have email, please provide Email Address an e-mail address for someone who can easily contact you.)			
Assistant Coach's Name and.....Phone Numbers		League Commissioner's Name andPhone Numbers	
Home: () - ()		Home: () - ()	
Work: () - ()		Work: () - ()	

Section 2

The Team Folder which contains the event specifics and all financial information will be sent to the Team Representative listed below. This person **MUST** agree to coordinate and organize all paperwork & finances for your football team and all other attending spectators.

Team Representative (First Name, Last Name)		Home Phone	Work Phone
		() - ()	() - ()
Address for Team Representative (Street/Apt. #, City, State, Zip Code)		Cellular Phone/Pager	
		() - ()	Best Morning ___ Best Home ___ TIME Afternoon ___ PH # Work ___ To Call Evening ___ To Call Cell ___
(If you do not have email, please provide Email Address an e-mail address for someone who can easily contact you.)			
If paying by Credit Card, enter credit card number, type of card and expiration date. Please sign name as it appears on the card. Check One: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express			
_____ Exp. Date _____		Signature _____	

Please, No Personal Checks,

SEND CASHEIR CHECKS AND MONEY ORDERS TO:

MNF 903 EAST MAIN ST., SUITE 205, AUBURN, WA 98002

Question? Contact Jeff Simonson at (206) 778-9814