



9th Annual Holiday Gridiron Classic, 2011

PLEASE PRINT CLEARLY	
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 _____
	() () -
(If you do not have email, please provide an e-mail address for someone who can easily contact you.)	Best Morning _____ Best Home _____ TIME Afternoon _____ PH # _____ To Call Evening _____ To Call Cell _____
Assistant Coach's Name and.....Phone Numbers	League Commissioner's Name andPhone Numbers
Home: () () -	Home: () () -
Work: () () -	Work: () () -
<p>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.</p>	
Team Representative (First Name, Last Name)	Home Phone _____ Work Phone _____
	() () - () () -
Address for Team Representative (Street/Apt. #, City, State, Zip Code)	Cellular Phone/Pager _____
	() () -
(If you do not have email, please provide an e-mail address for someone who can easily contact you.)	Best Morning _____ Best Home _____ TIME Afternoon _____ PH # _____ To Call Evening _____ To Call Cell _____
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 (253)332-6246	