



# 4<sup>th</sup> Annual Yakima Jamboree, 2011

<b>PLEASE PRINT CLEARLY</b>		www.mountainnorthwestfootball.com				
Section 1	Head Coach & League	Team Name (example: River City Lions) and Ages (example 10-11 yr olds)	League Name (example: Puget Sound Youth Football League)			
		Head Coach (First Name, Last Name)	Home Phone (   )   -   (   )   -			
		Address for Head Coach (Street/Apt. #, City, State, Zip Code)	Work Phone (   )   -			
		(If you do not have email, please provide an e-mail address for someone who can easily contact you.)	Cellular Phone/Pager (   )   -			
		Assistant Coach's Name and.....Phone Numbers	<b>Yakima Pre-Season Scrimmage Prices: Each Team \$50</b>			
		<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Home: (   )   -</td> <td style="border: none;">Best Morning ____ Best Home ____</td> </tr> <tr> <td style="border: none;">Cell: (   )   -</td> <td style="border: none;">TIME Afternoon ____ PH # Work ____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">To Call Evening ____ To Call Cell ____</td> </tr> </table>		Home: (   )   -	Best Morning ____ Best Home ____	Cell: (   )   -
Home: (   )   -	Best Morning ____ Best Home ____					
Cell: (   )   -	TIME Afternoon ____ PH # Work ____					
	To Call Evening ____ To Call Cell ____					
Section 2	Team Representative	Team Representative (First Name, Last Name)	Home Phone (   )   -   Cell 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 ____			
		<p style="text-align: center; margin: 0;"><b>If paying by Credit Card, enter credit card number, type of card and expiration date. Please sign name as it appears on the card.</b></p> Check One: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> American Express    ZIP Code _____	TIME Afternoon ____ PH # Work ____			
		Exp. Date _____ Signature _____	To Call Evening ____ To Call Cell ____			
		Please, No Personal Checks, SEND CASHEIR CHECKS AND MONEY ORDERS TO:				
<b>MNF 903 EAST MAIN ST., SUITE 205, AUBURN, WA 98002</b>						
Question? Contact Jeff Simonson at (206) 778-9814						