



2020 Farwest Athletic Association of the Deaf
 Annual Region Tournament Registration Form
 Must be submitted no later than **February 7, 2020**
PLEASE PRINT CLEARLY



Entry Fee: \$350.00
 Payable to Steven Mutti, FAAD Treasurer
 via PayPal or Money Order
 Must be paid no later than **February 7, 2020**

Team Name:

Men Women

Coach:

Address:

City, State and zip:

Email:

Instructions: For the **Type** column, enter **P**= Player; **A**= Free Agent; **C**= Coach; **AC**= Assistant Coach; **M**= Manager; or **S**= Statistician

	Jersey	Last	First	City	State	Age	Type
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

As the coach of my team, I confirm all information provided is correct and agree to follow FAAD By-Laws, the condition of the liability release, waiver form, and coaches/players code of ethics:

Signature: _____ Date: _____