

All Star Paintball

3-Man Tournament Series

Tournament / Event Date: _____

Team Name: _____

Captain's Name: _____ (First and Last)
Captain's APPA#: _____ (xx-xxxx or xxxxx-xxxx)
Captain's DOB: _____ (11/8/1989)

Player1's Name: _____ (First and Last)
Player1's APPA#: _____ (xx-xxxx or xxxxx-xxxx)
Player1's DOB: _____ (11/8/1989)

Player2's Name: _____ (First and Last)
Player2's APPA#: _____ (xx-xxxx or xxxxx-xxxx)
Player2's DOB: _____ (11/8/1989)

Player3's Name: _____ (First and Last)
Player3's APPA#: _____ (xx-xxxx or xxxxx-xxxx)
Player3's DOB: _____ (11/8/1989)

Player4's Name: _____ (First and Last)
Player4's APPA#: _____ (xx-xxxx or xxxxx-xxxx)
Player4's DOB: _____ (11/8/1989)

Contact E-mail: _____ Contact Phone: _____

Under penalty of ejection with no refund, I certify that none of my players are ranked Pro, D1, or D2.

Signature x _____

↓↓↓↓↓ For All Star Staff Use Only ↓↓↓↓↓

\$100 Non-Refundable Deposit Paid	Yes	or	No
\$150 Entry Paid In Full	Yes	or	No

Date Paid in Full: _____