

JOHN MARZANO HALF BALL  
TOURNAMENT  
ADVANCE SIGN UP SHEET

TEAM NAME: \_\_\_\_\_

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER (DAY OF TOURNAMENT): \_\_\_\_\_

EMAIL: \_\_\_\_\_

PAYMENT: \_\_\_\_\_

TEAM MEMBERS' NAMES:

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

Bring this completed form with payment to the Visitors Center at 919 S. 9<sup>th</sup> St.