

2010 Best of the Fall – October 2-3, 2010

INSTRUCTIONS

1. Complete ALL TEAM information in PART 1 including AGE DIVISION.
2. Complete PAYMENT information IN PART 2.
3. Complete TEAM HOTEL information in PART 3.
4. Complete and SIGN WAIVER in PART 4.
5. RETURN with ROSTER FORM and REGISTRATION FEE to address listed at RIGHT

Elite Sports
P.O. Box 2852
Meriden, CT 06450

PART 1-TEAM/CONTACT INFORMATION

TEAM NAME: _____
COACH: _____
CONTACT PERSON: _____
ADDRESS: _____
CITY: _____ ST: _____ ZIP: _____
HOME PHONE: (_____) _____ - _____
WORK/ALT PHONE: (_____) _____ - _____
Cell: (_____) _____ - _____
E-MAIL: _____

GIRLS AGE DIVISIONS
PLEASE CIRCLE Division & Level

16:U 15:U 14:U 13:U 12:U 11:U 10:U 9:U
Division I / A team or Division II / B team

PART 2-METHOD OF PAYMENT

****FULL TOURNAMENT REGISTRATION FEE (\$450) IS DUE on or before September 17th.****
ALL PAYMENTS MUST BE MADE IN THE FORM OF Money Order, or Bank CERTIFIED Check.
****NO PERSONAL CHECKS OR CLUB/PROGRAM CHECKS WILL BE ACCEPTED.****
PLEASE NOTE Cancellation Policy: Cancellations BEFORE September 1st will receive a full refund.
NO REFUNDS will be provided for cancellations occurring ON OR AFTER September 1st.

_____ # OF TEAMS FROM MY ORGANIZATION REGISTERING FOR THE 2010 Best of the Fall.

*ENCLOSED IS *CERTIFIED BANK CHECK/MONEY ORDER PAYABLE TO: **Elite Sports** IN THE AMOUNT OF \$450

***NO CHECKS WILL BE ACCEPTED AFTER September 17th. ALL payments must be in the form of a Money Order or Bank CERTIFIED Check.**

PART 3-TEAM HOTEL

A list of MANDATORY HOST HOTELS OFFERING DISCOUNTED RATES for this event can be found on the Elite Sports Events website:
www.EliteSportsEvents.com. All teams MUST make hotel reservations and accommodations at the host hotel in order to be eligible to compete in the Best of the Fall. REQUEST the Elite Sports tournament Discount at TIME OF RESERVATION.

TEAM HOTEL: _____ ESTIMATED NUMBER OF ROOMS: _____
FROM 2010 Best of the Fall REQUIRED HOTEL LIST

WE WILL BE CHECKING IN ON: FRI / SAT (CIRCLE ONE)

PART 4-WAIVER

I, the team/club representative or team/club coach of _____ (state team/club name), hereto referred to as "competing team" state that all team/club coaches and athletes representing competing team are AAU registered or will be registered prior to the start of the Best of the Fall. If, in fact, I fail to register any coach or athlete, I hold Jason Riccitelli, Elite Sports Events, LLC, Best of the Fall, AAU of USA, and/or any of its sponsors or competition facilities harmless from any liability, direct or indirect, from either my or any of the athletes or coaches representing competing team and the team's involvement or participation in the Best of the Fall. I agree that any litigation costs incurred by the organizers of the Best of the Fall as a result of competing team's failure to make payment for any reason, including checks returned for insufficient funds, will be the sole responsibility of the competing team's coach or program director.

Signed: _____

Date: _____

Print Name: _____

Title: _____

PLEASE COMPLETE & RETURN with TEAM ROSTER FORM and ENTRY FEE TO: Elite Sports. P.O. Box 2852. Meriden, CT 06450
Fax # 203.630.3475

Please email ALL tournament questions to Joann at EliteSportsEvents@hotmail.com