

DC METRO SHOWCASE

JUNE 23-24, 2018 | BOYDS, MD
www.dcmetroshowcase.net

REGISTRATION FORM

Email back to: dcmetroshowcase@gmail.com

If registering more than one team, please use one form for each team

Team Name		Age Group	
Staff Information			
Head Coach's Name			
Phone #		Email	
Asst Coach's Name			
Phone #		Email	
Asst Coach's Name			
Phone #		Email	
Asst Coach's Name			
Phone #		Email	
Best Address for Colleges to Send Information to			
Program Director's Name			
Phone #		Email	
Website			
Street Address			
City		State	Zip
Schedule Requests (must be written here)			

By signing and sending this back to DC Metro Showcase, LLC I agree to pay an entry fee of \$ _____ for _____ (# of teams) teams. I understand that not fulfilling payment for this event may result in legal action. DC Metro Showcase, LLC is not responsible for any injuries that may result from participation in our events. The participants and organizations playing in the event assume any responsibility for injuries during participation in this event.

X _____
(Electronic Signature is acceptable)
