



2010 High School Tournament of Champions Registration Form

Please complete one form for each team you register.

School _____ Boys ___ Girls ___

Address _____

City _____ State _____ Zip _____

Phone/Day _____ Night _____

Email _____

Coach(s) Name(s) _____

Mascot Name _____

Are you interested in playing 2 or 3 days? _____

Team Rosters and competition preferences will be due in early February
Registration after February 15 will be \$500 per team.

Remit \$495 per team to:
TOC
P.O. Box 13086
Jekyll Island, GA 31527