

**RMHC 3 V 3 Registration Form**  
**June 14<sup>th</sup> & 15<sup>th</sup> 2008**  
*Application deadline May 26th*



CHICAGOLAND &  
NORTHWEST INDIANA



Please complete form and e-mail back to [vnetmfr@aol.com](mailto:vnetmfr@aol.com)  
or fax to 1-630-323-9351  
or mail to: RMHC 3 v 3  
P.O. Box 532  
Hinsdale, IL 60521

Team Name: \_\_\_\_\_  
Birth date of oldest Player \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Team Contact/Coach: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

TOURNAMENT LOCATION/DATE: \_\_\_\_\_

Boys team U- \_\_\_\_\_ or Girls team U- \_\_\_\_\_

**CAPTAIN**

Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Signature-parent/Guardian (if Player is under 18) \_\_\_\_\_

**PLAYER 2**

Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Signature-parent/Guardian (if Player is under 18) \_\_\_\_\_

**PLAYER 3**

Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Signature-parent/Guardian (if Player is under 18) \_\_\_\_\_

**PLAYER 4**

Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Signature-parent/Guardian (if Player is under 18) \_\_\_\_\_

**PLAYER 5**

Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Signature-parent/Guardian (if Player is under 18) \_\_\_\_\_

**PLAYER 6**

Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Signature-parent/Guardian (if Player is under 18) \_\_\_\_\_

**COST IS \$175 FOR UP TO 6 PLAYERS. TO PAY BY CREDIT CARD PLEASE**

**WE ACCEPT VISA – MC – AMEX ONLY**

**NAME ON CARD:** \_\_\_\_\_

**CARD NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**EXP DATE:** \_\_\_\_\_ **CVV2#(back of card)** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

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