

**Submit Forms and Fees to:
CENTRAL WESTERN AAU**

45 Rt. 88 South
Newark, New York 14513
Phone: 315-331-1596
Cellular: 585-261-2514
Fax: 315-331-1596
Email: rhill75068@aol.com

**TOURNAMENT SITE:
LYONS COMMUNITY CENTER
4 Manhattan St
Lyons New York 14489**

FAN'S ONE DAY CHALLENGE

*PLEASE USE ONLY 1 FORM PER TEAM

TEAM NAME: _____

GRADE: _____ GENDER: BOYS _____ AGE: _____

COACH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (HM) () _____ (WK) () _____ (CELL) () _____

EMAIL ADDRESS: _____

ASSISTANT COACH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (HM) () _____ (WK) () _____ (CELL) () _____

EMAIL ADDRESS: _____

**Fan's One Day Challenge
May 22, 2010
Boys 11-17
\$195.00 per team (2 GAMES)**

PLEASE RETURN THIS FORM ALONG WITH FULL ENTRY FEE

www.centralwestern.org

TOURNAMENT ROSTER

(Select One)

Fan's One Day Challenge

All information must be provided for all team **participants**.
(Type Please)

Team Name: _____

GRADE : _____

Jersey #	Name	Grade	School	Street Address	City, State, Zip	Telephone	Age
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							

All information must be provided for **team organizers** and **coaching staff members**.

COACH

Name	Address	City, State & Zip	Telephone
1.			
2.			
3.			
4.			