



APPLICATION

School/Parish: _____

Address: _____

Telephone: _____

Team Contact: _____

Contacts Phone: _____

Divisions/Fees:

- Boys & Girls Varsity \$175 per team
- Boys & Girls JV \$150 per team
- Four Teams: Boys & Girls Varsity & JV \$600

All checks should be made payable to: St. Joseph School
Or Register online via credit card on our website

Please **mail** by **October 19, 2011** all checks, applications and rosters to:

St. Joseph School
5 Obtuse Hill Road
Brookfield, CT 06804
Attn: Chris Catania

Teams must be covered by School/Parish Insurance while playing in the Tournament.

I hereby certify that all team members are covered by a School/Parish Insurance Plan or similar plan, prior to submitting this application.

DATE _____ SIGNED _____

Deadline: Applications/Roster/Fees must be received by: October 19, 2011

Questions: Please do not call the school, Please contact:

Chris Catania 203-512-7925 ctclmc@sbcglobal.net

Visit our website at: <http://www.sjsbrookfield.org/harvestTournament.htm>

