

# 2018 OHIO INDOOR TRAVEL CUP REGISTRATION FORM

TEAM NAME: \_\_\_\_\_

COMMUNITY: \_\_\_\_\_

BIRTH YEAR (AGE DIVISION): \_\_\_\_\_ GENDER: M / F / CO-ED

(CIRLCE ONE)

FALL STATISTICS:

LEAGUE: \_\_\_\_\_

DIVISION: \_\_\_\_\_

RECORD: \_\_\_\_\_

INDOOR STATISTICS:

WHERE: \_\_\_\_\_

DIVISION: \_\_\_\_\_

RECORD: \_\_\_\_\_

SPECIAL NOTES: \_\_\_\_\_

\_\_\_\_\_

TEAM CONTACT/COACH NAME: \_\_\_\_\_

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

PHONE NUMBER: \_\_\_\_\_

\*\*\*PLEASE MAKE SURE THIS INFORMATION IS LEGIBLE AS ALL  
TOURNAMENT COMMUNICATIONS (SCHEDULES/REMINDERS)  
WILL BE MADE USING THIS INFORMATION\*\*\*

MAIL THIS FORM AND A CHECK MADE OUT TO OHTSL  
(\$295 PER TEAM) TO:

OHTSL, PO BOX 391257, SOLON OH 44139

ALL REGISTRATIONS MUST BE POSTMARKED BY 2/10/18.

CONTACT TOURNAMENT ADMINISTRATOR

DAWN DICICCO AT

[TOURNAMENT.ADMIN@OHTSL.COM](mailto:TOURNAMENT.ADMIN@OHTSL.COM) OR

216-214-0083 WITH QUESTIONS