

# TEAM ENTRY FORM

TEAM NAME:

\_\_\_\_\_

TEAM: [ ] WOMEN [ ] MEN UNDER OVER 40  
50 55 60 (CIRCLE ONE)

UNIFORM COLORS: \_\_\_\_\_ ALTERNATE \_\_\_\_\_

NATIONAL/STATE/ASSOCIATION: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

HEAD COACH \_\_\_\_\_

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

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

TELEPHONE #: HOME \_\_\_\_\_

BUSINESS \_\_\_\_\_ FAX#: \_\_\_\_\_

EMAIL \_\_\_\_\_

TEAM MANAGER: \_\_\_\_\_

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

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

TELEPHONE #: HOME \_\_\_\_\_

BUSINESS \_\_\_\_\_ FAX#: \_\_\_\_\_ EMAIL \_\_\_\_\_

Non-refundable team fee is \$ 500

Make Checks Payable to the ALOHA UNITED S.C.

Mail this team Entry Form and Team FEE to:

ALOHA UNITED S.C., 7040 Kamilo Street

Honolulu, Hawaii 96825

