

# YOUTH DEVELOPMENTAL PROGRAM

PLEASE COMPLETE FORM FOR EACH TEAM ATTENDING TOURNAMENT  
CHECK WHICH TOURNAMENT YOU WILL BE ATTENDING

<b>WINTERFEST CHALLENGE</b> <input type="checkbox"/> 01/06/24 - 10/12's <input type="checkbox"/> 01/06/24 - 13/14's	<b>SNOWBALL CHALLENGE</b> <input type="checkbox"/> 01/20/24 - 10/12's <input type="checkbox"/> 01/20/24 - 13/14's	<b>CUPID CLASSIC</b> <input type="checkbox"/> 02/24/24 - 10/12's <input type="checkbox"/> 02/24/24 - 13/14's	<b>CLOVER CLASSIC</b> <input type="checkbox"/> 03/09/24 - 10/12's <input type="checkbox"/> 03/09/24 - 13/14's
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\$600 FOR ALL 4 TOURNAMENTS - 10's - 14's

IF NOT ATTENDING ALL 3 or 4: COST PER TOURNAMENT \$175/EACH

AGE DIVISION:    10's    12's    13's    14's

CLUB NAME: \_\_\_\_\_

CLUB DIRECTOR NAME: \_\_\_\_\_ CELL#: \_\_\_\_\_

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

COACH NAME: \_\_\_\_\_ CELL #: \_\_\_\_\_

## ROSTER

	NAME	JERSEY #	AAU#
COACH			
COACH			
PLAYER			
PLAYER			
PLAYER			
PLAYER			
PLAYER			
PLAYER			
PLAYER			
PLAYER			
PLAYER			
PLAYER			

REMIT PAYMENT TO:    **ACADIAN JUNIORS VB**  
                                   **819 ST. CLAIR RD.**  
                                   **BREAUX BRIDGE, LA 70517**

TOTAL DUE: \_\_\_\_\_