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*** (B) Boys, (B & G) Boys & Girls										
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DIVISION(S):										
State: Zip:										
(Work):										
il: Phone:										
Email:										
(Work):										
Date: med in the tournament until full payment is received.										



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Card No									
			s on back of card):						
Name on Card:		Amount [Due: \$						
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Card Holder Phone:	(Card Holder Signature:							
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	-	Avenue, St. Francis WI 53	3235						
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Name Jersery			WT	_ Date D.O.B.	School	Home Address	Division : ^{City}	State	Zip	Phone #
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NOTE : IF YOU PREFER TO EMAIL YOUR TOURNAMENT ROSTER PLEASE MAKE SURE IT INCLUDES ALL OF THE INFORMATION REQUESTED ABOVE AND