

## AHEPA MARROW National Invitational Tournament Team Registration 2023 Form

Please check the appropriate box & return promptly by March 1<sup>th</sup> 2023

DIVISION OF PL	AY (please check):		
Men's Divis	ion \$375 (Guaranteed	minimum of four games	s)
Senior Men'	s Division (50yo & ove	er) \$350	
Junior Men'	s Division (40yo & ove	r) \$350	
Women's Da	ivision \$300		
Girl's High	School Division \$300		
Boy's High	School Division \$300		
Boy's H.S. (Freshmen & Sophomore) Division \$300			
Grade School	ol Division \$250	,	
Biddy Divisi	ion \$250		
Please add	\$50 Late Fee if submi	itted after 03/01/2023	
TEAM NAME:			
TEAM COACH: _			
PHONE NUMBER	:()		_
EMAIL:			
ADDRESS:			-
CITY:	STATE:	ZIP:	
	or CHURCH AFFILIA		
	ETED APPLICATION	AND ENTRY FEE MAK	E CHECKS
PAYABLE TO:			

Ahepa Bone Marrow Donor Registry c/o John Venetos M.D, 6520 Tower Circle Drive Lincolnwood, Illinois 60712

## **Entrance fee is 100% Tax Deductible Non-for-Profit Organization**

- Entrance Fee due on <u>03/01/2023</u>
- Please Add \$50 Late Fee after 03/04/2023
- Absolute Final Deadline is Saturday 03/04/2023 6:30PM @ Seeding Event