

AHEPA MARROW National Invitational Tournament Team Registration 2024 Form

Please check the appropriate box & return promptly by March 4th 2024

DIVISION OF	PLAY (please check):		
Men's Div	vision \$375 (Guaranteed	minimum of four games)	
Senior Me	en's Division (50yo & ove	er) \$350	
Junior Me	n's Division (40yo & ove	er) \$375	
Women's	Division \$325		
Girl's Hig	h School Division \$325		
Boy's Hig	th School Division \$325		
Boy's H.S. (Freshmen & Sophomore) Division \$325			
Grade Sch	nool Division \$250	,	
Biddy Div	vision \$250		
	d \$50 Late Fee if submit	tted after 03/04/2024	
TEAM NAME:			
TEAM COACH:			
PHONE NUMBE	ZR: ()		
EMAIL:			
ADDRESS:			
CITY:	STATE:	ZIP:	
	R or CHURCH AFFILIA		
	LETED APPLICATION	AND ENTRY FEE MAKE CH	IECKS
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>03/04/2024</u>
- Please Add \$50 Late Fee after 03/04/2024
- Absolute Final Deadline is Saturday 03/09/2024 6:30PM @ Seeding Event