Forms will not be accepted without complete birth date for each member and coach contact information. Entries must be received by May 21, 2015. Send your entry form to Dr. Brigid McCrea, Cooperative Extension, Delaware State University, 1200 N. Dupont Hwy., Dover, DE 19901 or email a scanned copy to bmccrea@desu.edu

Teams should check in with Dr. McCrea by 10am on May 23rd, 2015 to take the written exam. After all of the written exams are given, graded and the teams are seeded, the game will commence.

Please indicate which teams are juniors and which are seniors.

□ Junior teams: Members must be 13 years or younger on January 1, 2015

□ Senior teams: Members must be 14 to 18 years by January 1, 2015

State:________________________
Team One Name:_____________________________________________________

Team Members’ Names                        Month/day/year
1.________________________________________                           Birth Date:_______________
2.________________________________________                           Birth Date:_______________
3.________________________________________                           Birth Date:_______________
4.________________________________________                           Birth Date:_______________
Alternate________________________________________                           Birth Date:_______________
Coach___________________________________________________________________

Name, Address
________________________________________________________________________
City, State, Zip, Phone #

Team Two Name:_____________________________________________________

Team Members’ Names                        Month/day/year
1.________________________________________                           Birth Date:_______________
2.________________________________________                           Birth Date:_______________
3.________________________________________                           Birth Date:_______________
4.________________________________________                           Birth Date:_______________
Alternate________________________________________                           Birth Date:_______________
Coach___________________________________________________________________

Name, Address
________________________________________________________________________
City, State, Zip, Phone #