



Blackhills Football Club

Additional or Extraordinary Tournament Approval Form



TEAM: (circle one) Boys Girls AGE: U_____

COACH: _____

TEAM MANAGER: _____

TOURNAMENT BEING CONSIDERED: _____

TOURNAMENT LOCATION: _____

TOURNAMENT DATES: _____

TOURNAMENT ENTRY FEE: _____ COST PER PLAYER: _____

	<u>Player's Name</u> (Please Print)	<u>Parent's Signature</u>	<u>APPROVE</u>	
1.	_____	_____	yes	no
2.	_____	_____	yes	no
3.	_____	_____	yes	no
4.	_____	_____	yes	no
5.	_____	_____	yes	no
6.	_____	_____	yes	no
7.	_____	_____	yes	no
8.	_____	_____	yes	no
9.	_____	_____	yes	no
10.	_____	_____	yes	no
11.	_____	_____	yes	no
12.	_____	_____	yes	no
13.	_____	_____	yes	no
14.	_____	_____	yes	no
15.	_____	_____	yes	no
16.	_____	_____	yes	no
17.	_____	_____	yes	no
18.	_____	_____	yes	no