

MASSACHUSETTS STATE VOC. – TECH. TOURNAMENT
TOURNAMENT ENTRY FORM

Please be certain that the Tournament Director receives this entry form by the date required as listed in the cover letter sent by the Tournament Director at the beginning of each season.

School: _____ Sport: _____ Phone # _____

Division: Large ___ Small ___ League _____ Cell # _____

SEASON RECORD: (Please type or print). Include only those games being counted towards your entry form as indicated by your Schedule & Commitment Form. List results of all completed contests. It is the school's responsibility to inform the Tournament Director of the results of all games played after this form is submitted.

DATE	OPPONENT	SCORE	W/L	DATE	OPPONENT	SCORE	W/L

Games Won: _____ Games Lost: _____ Prior To: _____
(Date)

The results of all games played after this form is submitted must be phoned DAILY to the respective Tournament Director between 6:00 PM and 8:00 PM.

Games played after the above date:

Date: _____ Opponent: _____ Score: _____ W/L: _____
 Date: _____ Opponent: _____ Score: _____ W/L: _____
 Date: _____ Opponent: _____ Score: _____ W/L: _____

Will a certified trainer be accompanying your team? Yes _____ No _____

COACH: _____ Cell Phone: _____ School Phone: _____

ATHLETIC DIRECTOR: _____ Phone: _____

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Tournament Director Only

Final Record: Wins: _____ Losses: _____ %: _____

Notes: