

2009 Atlantic Coast Championship Entry Form

This form must be received by **October 20, 2009**

Please return to:

Randy Stokes, 603 Town Point Center, 150 Boush St., Norfolk, Va. 23510

1. School Data:

School's Name: _____

Address: _____

Town/City: _____ State: _____ Zip Code: _____

ISSA District: _____

2. Projected Team Roster Roster may be changed at registration.

Name:	Graduation Year:	Name:	Graduation Year:
1. _____	_____	6. _____	_____
2. _____	_____	7. _____	_____
3. _____	_____	8. _____	_____
4. _____	_____	9. _____	_____
5. _____	_____		

3. Contact/ Chaperon/ Coach Information:

Team Contact (Traveling with team), Coach (If you have one with you):

Cell Phone: (____) _____ E-Mail: _____