



2011 XTREME DIAMOND SPORTS
WORLD SERIES
TEAM CONTACT FORM

TEAM NAME: _____

AGE DIVISION: _____

MANAGER'S NAME: _____

CELL NUMBER: _____

HOTEL NAME & LOCATION: _____

HOTEL NUMBER (OPTIONAL): _____

ASSISTANT COACHES NAME: _____

CELL NUMBER: _____

IMPORTANT NOTE

MANAGERS PLEASE BRING A COPY OF THIS FORM COMPLETED TO THE TEAM CHECK IN AT THE MANAGER'S MEETING

THANK YOU

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