



2020 RI Thunder Fall Showcase

Oct 3-4, 2020

Team Name(18/16) _____

Coach's Name _____

Mailing Address _____

Contact Numbers:

Home: _____ Cell: _____

Email address: _____

Mail Check & Registration Form & copy of insurance Make
checks **payable to RI Thunder** \$1000 – 5 game guarantee

Send To:

Dave Lotti

99 Park Drive

S. Attleboro, MA 02703

Please Sign, I have read & understand all tournament rules posted
on the tournament website. www.nefinestfallshowcase.com

_____ coach of _____