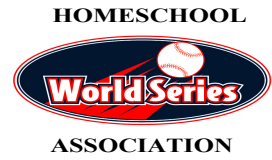


**HWSA TEAM Registration Form**  
**Registration and full payment DEADLINE is January 31, 2019**



Please write legibly!

Team Name: \_\_\_\_\_ City, State \_\_\_\_\_

Team Website: \_\_\_\_\_

Head Coach (required): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_(\_\_\_\_\_) \_\_\_\_\_ Cell Phone: \_(\_\_\_\_\_) \_\_\_\_\_ Business Phone: \_(\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Assistant Coach (required):

Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Team Admin Contact (OK to be Head Coach or Assistant Coach):

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_(\_\_\_\_\_) \_\_\_\_\_ Cell Phone: \_(\_\_\_\_\_) \_\_\_\_\_ Business Phone: \_(\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please fill out all requested information above and sign this form. Also include the full **\$900 team fee**—payment in full must be postmarked by January 31, 2019. Make checks payable to: **HWSA** and mail this form and your check to the HWSA Administrator below.

**I have carefully read and understand the HWSA Rules and agree to adhere to the rules and policies of the Homeschool World Series Association. I also understand that it is important to HWSA that our team find housing accommodations during the tournament IN POLK COUNTY, FLORIDA, and that the team registration fee is non-refundable.**

X \_\_\_\_\_ Date: \_\_\_\_\_  
Head Coach's Signature

HWSA Administrator  
620 Dumont Dr.  
Richardson, TX 75080

HWSA will provide a tournament t-shirt for 3 coaches.  
Please indicate the sizes of the 3 shirts for your coaches:  
1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
(S, M, L, XL, 2XL)