

CALIFORNIA STATE GAMES

2018 TEAM ENTRY FORM

REFER TO SPECIFIC SPORT INFORMATION BEFORE COMPLETING.
ALL TEAM MEMBERS MUST SUBMIT A SIGNED WAIVER WITH THIS FORM.

TEAM NAME _____

CONTACT LAST NAME _____

FIRST NAME _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE – DAYTIME _____

PHONE - CELL _____

EMAIL _____

SPORT (CIRCLE ONE): **BASKETBALL** **FIELD HOCKEY** **JR. LIFEGUARDS** **RUGBY**

Basketball Qualifier: _____

SOCCER (AYSO/CYSA) **SOFTBALL** **SYNCHRO SWIM** **WATER POLO** **WRESTLING**

DIVISION / GENDER _____

TEAM ROSTER

NAME	BIRTHDATE	HOMETOWN	Wrestling			Synchronized Swimming							
			Weight			Solo	Duet	Grp	Trio	Grp	Team	Grp	

Make check or Money Order payable to:
CALIFORNIA STATE GAMES
3260 Rosecrans St.
San Diego, CA 92110

Total Entry Fees:	_____
Open. Cerem. (\$10 each):	_____
CSG Donation:	_____
TOTAL ENCLOSED:	_____

