



Team Name: _____

Circle Division(s): (1A 2A 3A 4A JV 15U 13U 10U 8U)

Address: _____

Coach Name _____ Phone _____

Coach Email _____

Total athletes participating in each event:

7 on 7 _____ Lineman Challenge _____ Free Camp _____

Total Coaches attending _____

**Head Coach is provided Free Breakfast at Check-in. All Coaches are provided Free lunch and snacks all day in Hospitality Tent*

Total number of Players for Lunch (\$7ea) _____

****You will not pay for lunches until the day of event***

Mail this Registration Form & Registration Fee to:

National Youth Football Organization
7128 Falls Glen Court, Suite 200, Raleigh NC 27614

For more information please visit:

www.7on7NationalChampionship.com or
contact Bob Winstead: 919-889-1669 or info@playnyfo.com

***Each athlete must complete Player Registration Form (due 6/16)**