



# Queen of the Hive National Tournament Registration Form

December 5&6, 2009

Skate Name: \_\_\_\_\_ Number: \_\_\_\_\_

Legal Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance:  WFTDA \_\_\_\_\_  USARS \_\_\_\_\_

League Affiliation: \_\_\_\_\_

Team you will play on in tournament: \_\_\_\_\_

put "no team" if you are a single skater and will need to be put on a mash-up team.

## Emergency Contact

Name: \_\_\_\_\_ Relation to skater: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_