

## ENTRY FORM

School Name \_\_\_\_\_

Coach Name \_\_\_\_\_

Phone Number \_\_\_\_\_

BOYS \_\_\_\_\_ GIRLS \_\_\_\_\_ MIXED \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Amount enclosed (\$100.00 x # of teams) \_\_\_\_\_

Send form and entry fee to:

**Covington Catholic High School**

**Attn: Gary Wagner**

**1600 Dixie Highway**

**Park Hills, KY 41011**

**Make check payable to:**

**Covington Catholic High School**