

**2024 OHIO INDOOR TRAVEL CUP REGISTRATION FORM**

**TEAM NAME:** \_\_\_\_\_

**COMMUNITY:** \_\_\_\_\_

**BIRTH YEAR/AGE DIVISION:** \_\_\_\_\_ **GENDER:** M / F / CO-ED (CIRCLE ONE)

**FALL STATISTICS:**

**LEAGUE:** \_\_\_\_\_

**DIVISION OF PLAY (D1/D2/ETC.):** \_\_\_\_\_

**RECORD (W/L/T):** \_\_\_\_\_

**INDOOR STATISTICS:**

**WHERE ARE YOU PLAYING:** \_\_\_\_\_

**DIVISION OF PLAY:** \_\_\_\_\_

**RECORD (W/L/T):** \_\_\_\_\_

**TEAM COMPOSITION:**

Please provide a description of the team you will be bringing to the tournament. If you are combining players from different age appropriate teams within your community, you **MUST** specify how many players from each team you will be bringing (ex: I will be bringing 4 U11 D2 players and 3 U11 D5 players):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCHEDULING REQUESTS/CONFLICTS:**

Please note any scheduling conflicts below, including if a coach will be coaching more than one team in the tournament. We will try our best to accommodate scheduling requests/conflicts; however, cannot guarantee we will be able to do so:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TEAM CONTACT/COACH NAME:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

\*\*\*PLEASE MAKE SURE THE INFORMATION ON THE PREVIOUS PAGE IS LEGIBLE AS ALL TOURNAMENT COMMUNICATIONS (SCHEDULES, REMINDERS, ETC.) WILL BE MADE USING THE CONTACT INFORMATION PROVIDED\*\*\*

MAIL THIS FORM AND A CHECK OR MONEY ORDER IN THE AMOUNT OF \$325 PAYABLE TO OHTSL TO:

OHTSL  
PO BOX 391257  
SOLON, OH 44139

ALL REGISTRATIONS MUST BE POSTMARKED BY 2/18/24. DO NOT MAIL CHECK IN DOCUMENTS WITH THE REGISTRATION FORM/PAYMENT.

CONTACT TOURNAMENT ADMINISTRATOR  
DAWN DICICCO AT  
[EVENTS@OHTSL.COM](mailto:EVENTS@OHTSL.COM) OR 216-214-0083 WITH ANY  
QUESTIONS.

