

**2023 CRUSADERS 3V3 FESTIVAL  
Festival Check-in Form.**

**CONTACT INFORMATION SHEET TO BE FILLED COMPLETELY AND RETURN AT CHECK IN.**

TEAM NAME	AGE GROUP	CLUB

PRIMARY CONTACT	
NAME, First/Last:	
CELL NUMBER:	
EMAIL:	

SECONDARY CONTACT	
NAME, First/Last	
CELL NUMBER:	
EMAIL:	

FIRST AND LAST NAME OF PLAYERS	D.O.B MM/DD/YY
1.	
2.	
3.	
4.	
5.	

REQUIRED DOCUMENTS	
<b>Player Medical Release Forms</b>	
	A medical release form signed by the child's parent's form is acceptable. They will be verified at the check-in table.
<b>Player Cards or I.D.</b>	
	Current player card (SoCal or Cal south) showing a picture of the player and the date of birth