



## 2017 CHAMPIONSHIP TOURNAMENT INFORMATION FORM

*\*Please print or type all information\**

Full Name of College: \_\_\_\_\_

Region: \_\_\_\_\_

Address: \_\_\_\_\_

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

School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Email: \_\_\_\_\_

Office Number: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

Athletic Director: \_\_\_\_\_

Office Number: \_\_\_\_\_ Home/Cell: \_\_\_\_\_

College President: \_\_\_\_\_

Team Colors: \_\_\_\_\_

Mascot/Nickname: \_\_\_\_\_

Due: October 23, 2017 5:00 PM

Return this sheet to Thomas Stewart, AD

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