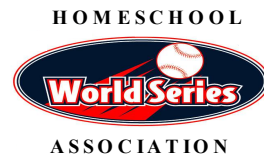


**HWSA TEAM Registration Form**  
**Registration and full payment DEADLINE is January 31st..!**



Team Name: \_\_\_\_\_ City, State \_\_\_\_\_

Team Website: \_\_\_\_\_

Head Coach (required): \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Assistant Coach (required):**

Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**Team Admin Contact (OK if this is Head Coach or Assistant Coach):**

Name: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please fill out all requested information above **LEGIBLY** and sign this form. Mail along with the full **\$900 team fee** (payable to HWSA) to the address below. Form & full payment must be postmarked by **Jan. 31st**.

**Affirmation: I have carefully read and understand the HWSA Rules and agree to adhere to the rules and policies of the Homeschool World Series Association. I understand that the team registration is non-refundable. I agree to communicate to all participating families on my team that it is important to HWSA's field arrangements that all families find tournament lodging in POLK COUNTY, Florida. I agree also to communicate that there is an inherent possibility of exposure to COVID-19 in any public place where people are present, and that families will need to follow enhanced health & safety measures as specified by tournament staff and the facility.**

X \_\_\_\_\_ Date: \_\_\_\_\_  
Head Coach's Signature

Mail form & team fee by **January 31<sup>st</sup>** to:

HWSA Administrator  
2203 Polly Pointe Ln  
Richmond, TX 77469