



ENTRY FORM

**Big Apple Memorial Six-A-Side Tournament
May 24th & 25th, 2025
Aviator Sports & Recreation Complex, NYC**

Team Name: _____ DIVISION: (Circle One)

Team Contact: _____ Women U-14

Team Colors: _____ U-16 U-19

Address: _____

Phone Number: _____

E-mail: _____

Please mail Entry Form and Fee of **\$500.00 US**, payable to:

**BAHF, Inc.
PO Box 428
Baldwin, NY 11510-428**