

2023 CONNECTICUT MASTERS' GAMES

COACHES FORM

FOR OFFICIAL USE ONLY Date Rec'd _____ Amt _____

Connecticut Sports Management Group, Inc., 975 Middle Street, Unit G, Middletown, CT 06457
Phone: (860) 788 7041 Fax: (860) 894 2654
Online: www.CTMastersGames.org Email: CTMasters@CTMastersgames.org



SELECT SPORT: (Circle One)

BSK: 3 on 3 Basketball (\$175) SPS: Slow Pitch Softball Men's (\$500) Women's (\$450) VLB: Volleyball (\$200)

TEAM NAME: _____

TEAM GENDER: (Circle One) Male Female AGE DIVISION _____ SPS M/W Team Rank _____
ATHLETES ON ROSTER _____

Head Coach/Manager/Captain (First & Last Name) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Cell Phone #: _____ Home Phone # _____

Email: _____

Assistant Coach/Manager/Captain (First & Last Name) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Cell Phone #: _____ Home Phone # _____

Email: _____

HOW DID YOU HEAR ABOUT THE CT MASTERS' GAMES? (Circle Best)

Coach Email Newspaper Postcard Poster Previous Participant Radio Web Search Other:

PAYMENT INFORMATION:

Checks: Please make checks payable to: CSMG

Credit Cards: Please call our office to arrange for payment. 860-788-7041 or Register Online: www.CTMastersGames.org

BEFORE SUBMITTING PLEASE BE SURE YOU HAVE:

1. Completed Coaches Form
2. Completed Team Roster (including T-shirt sizes)
3. Completed Team Athlete Waiver for each athlete on roster
4. ONE check covering the entire entry fee for appropriate sport
6. Please mail completed form to:
Connecticut Sports Management Group, Inc.
975 Middle Street, Unit G
Middletown, CT 06457

Questions: Email: CTMasters@CTMastersGames.org

Tel: 860-788-7041