AHEPA MARROW National Invitational Tournament Team Registration 2025 Form

Please check the appropriate box & return promptly by **March 1th 2025**

DIVISION OF PLAY (please check):

_____ Men's Division $375 **(Guaranteed minimum of four games)**
_____ Senior Men's Division (50yo & over) $350
_____ Junior Men's Division (40yo & over) $375
_____ Women's Division $325
_____ Girl's High School Division $325
_____ Boy's High School Division $325
_____ Boy's H.S. (Freshmen & Sophomore) Division $325
_____ Grade School Division $250
_____ Biddy Division $250
_____ **Please add $50 Late Fee if submitted after 03/01/2025**

TEAM NAME: _____
TEAM COACH: _____
PHONE NUMBER: (_____)_____
EMAIL: _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
TEAM SPONSOR or CHURCH AFFILIATION: _____
RETURN COMPLETED APPLICATION AND ENTRY FEE MAKE CHECKS PAYABLE TO:

> **Ahepa Bone Marrow Donor Registry**
> **c/o John Venetos M.D,**
> **6520 Tower Circle Drive**
> **Lincolnwood, Illinois 60712**

Entrance fee is 100% Tax Deductible Non-for-Profit Organization

- **Entrance Fee due on 03/01/2025**
- **Please Add $50 Late Fee after 03/01/2025**
- **Absolute Final Deadline is Saturday 03/08/2025 6:30PM @ Seeding Event**