

'10 Chocolatetown Shootout Team SPECIAL REQUEST Form:

Team Name	<input type="text"/>
Level(s)	<input type="text"/>
Late Saturday Start Requested (<i>May Not be Possible</i>)	REASON <input type="text"/>
Bracket Request	TIME REQUESTED <input type="text"/>
Other	MOST COMPETITIVE <input type="text"/> COMPETITIVE <input type="text"/>
Other	<input type="text"/>
Other	<input type="text"/>
Other	<input type="text"/>
Other	<input type="text"/>

Comments:

THIS FORM MUST BE RETURNED BY E-MAIL TO tourney@CHOCOLATETOWNSHOOTOUT.COM BY THURSDAY, JULY 15th