## AAU WRESTLING ELEMENTARY DUALS April 5-7, 2024

## INTENT TO PARTICIPATE

## PLEASE EMAIL OR FAX THIS BACK IMMEDIATELY UPON RECEIPT TO RESERVE YOUR SPOT.

THIS IS NOT YOUR TEAM ENTRY. THIS IS ONLY A NOTIFICATION OF YOUR INTENT TO PARTICIPATE TO ASSIST ORGANIZERS IN THE PLANNING PROCESS. YOUR ENTRY IN THE EVENT WILL NOT BE GUARANTEED UNTIL ALL ENTRY FORMS AND FEES ARE SUBMITTED.

CHECK ONE:		Our team will participate in this event.  Our team can not participate this year, but please keep us on your mailing list for next year.			
UPON RECEIPT	PLEAS	E COMPLETE T	HE INFORM	IATION BELOW AND SUBMIT.	
AAU District:					
Team Name:					
Contact Person:					
Address:					
City:			State:	Zip:	
Home Phone:		Cell Phone:		Work Phone:	
Email Address (MAND	ATORY)	·			
Travel Coordinator (if d	lifferent):				
Email (Mandatory):					
Home Phone:			Work Phone:		
Hotel (if booked):					

## RETURN THIS FORM VIA MAIL OR EMAIL TO:

Bradley Hoover Visit Kingsport 400 Clinchfield Street, STE 100 Kingsport, TN 37660 BHoover@VisitKingsport.com