

Chapter ______ Location ______ Contact ______ Address ______ State _____ Zip _____ Phone Number _____ EMAIL: ______ City _____ State ____ Zip _____ Chapter Advisor ______ Address ______ City _____ State ____ Zip _____ Phone Number _____ EMAIL: ______ Chapter Advisor Signature _______ Number of Teams: ______

This Registration must be returned to Massachusetts DeMolay by **April 4, 2011** along with your \$130.00 registration fee made payable to "Massachusetts DeMolay". Registrations will not be accepted by telephone or without the fee. Please direct all questions to "Dad" Shawn Holter at (781) 608-2395 or sholter@gmail.com

The two-day tournament will be held on **Saturday April 16**th and **Sunday April 17**th, **2011** at the **Breed Junior High School in Lynn**. Brackets and game times will follow after the registration deadline. Smaller chapters may combine with other chapters to form a team, but you must inform Dad Holter prior to sending in your registration.

Please send your form and fee to the address below by the Deadline date of APRIL 4, 2011.

MASSACHUSETTS DEMOLAY 186 TREMONT STREET BOSTON, MA 02111-1095

NO LATE REGISTRATION WILL BE ACCEPTED, SO PLEASE GET YOUR REGISTRATION IN ASAP - THANK YOU!