ENTRY FORM

International Indoor Championship

Friday, March 5th – Sunday, March 7th, 2027

Team Name: _____

Team Colors: _____

Team Contact: _____

DIVISION: (Circle One)

- **Women**
- **Men**
- **University**

Address: _____

_____

Phone Number: _____

Fax Number: _____

E-mail: _____

Please mail Entry Form and Fee of **$900.00 US**, payable to:

BAHF, Inc.
PO Box 1229
Baldwin, NY 11510

ENTRY DEADLINE – JANUARY 5, 2027