



MONTAUK RUGBY CLUB

PO Box 1795 East Hampton, New York 11937

HAMPTON SEVENS ENTRY FORM

Team: _____ **Tournament**
Date: ____/____/____

Contact: _____

Address: _____

Email: _____

Phone: (____) _____

Fax: : (____) _____

Team Entry

Number of Sides: _____

COMMENTS: _____

Will you be bringing any Youth Players to partake in the Youth Clinic? **Yes / No**
(Please Circle)

If **Yes** ____ Number of youths

Please return to the above mailing address, look forward to seeing you on the day!