HOOPS

2009 TOURNAMENT REGISTRATION

TOURNAMENT: _____ GRADE / DIVISION: _____

TEAM NAME: _____ COACH: _____

HOME PHONE: _____ CELL PHONE: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TEAM ROSTER (All players must complete individual waiver of liability prior to participation. Waiver will be kept on file and shall serve for 09 season)

PLAYER NAME	DOB	PHONE NUMBER OR EMAIL ADDRESS

As coach or representative of this team, I certify that the information submitted on this form is complete and accurate. I understand that should a protest arise, I will be expected to provide documentation (report card, birth certificate, etc) to verify eligibility for all individuals on this team. I further understand that if any player is found to be ineligible, participation will be immediately suspended and the team may be subject to forfeit without refund. On behalf of myself and the team, I have read and understand the Hoops tournament and conduct rules and agree to adhere accordingly. I also understand it is my responsibility to ensure that a waiver of liability and consent for emergency treatment is provided for each player, signed by a legal parent or guardian, and submitted to Hoops prior to participation.

_____ _____ _____

PRINTED NAME SIGNATURE DATE

PAYMENT INFORMATION (SEE REVERSE FOR TOURNAMENT PRICING)

TOTAL: _____ DATE OF PAYMENT: _____ PAYMENT METHOD: CASH CHECK CREDIT

CREDIT CARD NO: _____ EXPIRATION: _____ / _____ CHECK NO: _____

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TRAVELING TEAMS: STAYING OVERNIGHT? Contact the Hilton Garden Inn Louisville East for Hoops Rates!
For more info or to make reservations contact Rachel Jackson (502) 297-8066 or Email: Rachel.Jackson@hilton.com

Return completed registration to: Hoops Basketball 12101 Sycamore Station Place, Louisville KY 40299
Register by Phone: (502) 814-6677 or Fax Registration to: (502) 814-2204
For more information or to register online visit: www.wherethegameis.com