

TEAM IZZAT

6th ANNUAL BBALL TOURNAMENT – 7th Jun 09

REGISTRATION FORM

TEAM NAME:

Check ONES that apply :

Boys Div 1	(13-15 yrs old)	_____
Boys Div 2	(16-17yrs old)	_____
GIRLS Open	(13-17 yrs old)	_____
1-ON-1 Specials	(18 or Under)	_____
1-ON-1 Specials	(Over 18)	_____
3 Point shootouts	(18 or Under)	_____
3 Point shootouts	(Over 18)	_____

NOTE: Please enter information for all 4 players

Your name - Contact Person

Captain – Yes or No _____

Full Name: _____

Date of Birth _____ (dd/mm/yyyy)

Age as of June 7th, 2009: _____

Address:

Home Phone: (_____) _____

Cell Phone: (_____) _____

T-shirt Size: (Small/ Med/ L / XL)

PLAYER TWO

Full Name: _____

Date of Birth _____ (dd/mm/yyyy)

Age as of June 7th, 2009: _____

Address:

Home Phone: (_____) _____

Cell Phone: (_____) _____

T-shirt Size: (Small/ Med/ L / XL)

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PLAYER THREE

Full Name: _____

Date of Birth _____ (dd/mm/yyyy)

Age as of June 7th, 2009: _____

Address: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

T-shirt Size: (Small/ Med/ L / XL)

PLAYER FOUR

Full Name: _____

Date of Birth _____ (dd/mm/yyyy)

Age as of June 7th, 2009: _____

Address: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

T-shirt Size: (Small/ Med/ L / XL)