Basketball Tournament

Registration Form 2008

(clearly specify)

Team Name: _____Age_____Gender_____

Head Coach: _____

Coach's home telephone: _____

Coach's work telephone: _____Fax_____

Coach's cell telephone: _____

Coach's email address: _____

Coach's address: _____

Players . . .

Name	Date of Birth	School Attending	Jersey No. white	Jersey No. dark

Potential scheduling conflicts: Please give details, including specific date and time when team is not available.

_____

_____

_____

Paying by ❑ personal check, ❑team check ❑cashiers check ❑cash ❑other

Personal checks and team checks must be received 10 days before first tournament game.

Send to: Rick Emory, re: April Reign Tournament, 704 Woodland Drive Baltimore, MD 21227

Make checks to: Maryland Sure Shots