
REGISTRATION FORM

Wakefield Athletic Booster Club - 2010 Youth Basketball Tournament

Team Name _____

Coaches Name _____ Phone Number _____

Address _____ City/State _____

E-Mail Address _____

If coach is under 21 an adult sponsor is required for team conduct

My team would like to participate in the following division:

GIRLS: 4th 5th 6th

BOYS: 4th 5th 6th

Waiver

I give permission on behalf of the players and their parents, for the listed team members to participate in the Wakefield Athletic Booster Club Basketball Tournament. I understand that the Wakefield Community School and the Wakefield Athletic Booster Club are not responsible for any accidents or injuries during tournament play.

Please Sign Here:

Team Roster

	PLAYER'S NAME	GRADE
*1		
*2		
*3		
*4		
*5		
*6		
*7		
*8		
*9		
*10		
Add \$5 -*11		
Add \$5 -*12		
Add \$5 -*13		
Add \$5 -*14		
Add \$5 -*15		

Please mail your entry form and completed roster with your fee to:
Wakefield Athletic Booster Club c/o Jane Dolph - 85145 Hwy16 -Wakefield, NE 68784
By February 26th to secure your spot in the tournament. No entries after March 12th.

In the case of a cancellation a \$10.00 fee will be retained by the Wakefield Athletic Boosters.

*****There will be no rescheduled dates for tournament*****