

3 ON 3 COED BASKETBALL TOURNAMENT

(Sponsored by the Quincy Juneteenth Organization)

TEAM NAME: _____

CONTACT PHONE: _____ EMAIL: _____

DIVISION: _____ 12-14 YEAR OLD _____ 15-17 YEAR OLD

PLAYER LIST:

#1	_____	_____	_____
	PRINT NAME	AGE	WAIVER SIGNED
#2	_____	_____	_____
	PRINT NAME	AGE	WAIVER SIGNED
#3	_____	_____	_____
	PRINT NAME	AGE	WAIVER SIGNED
#4	_____	_____	_____
	PRINT NAME	AGE	WAIVER SIGNED

(Deliver form to First Baptist Church, 739 N 8th St, Quincy, IL 62301)
ATTN: LENA JONES

Questions can be directed to Alan Hickman at pd11966.AH@gmail.com

_____ I HAVE INCLUDED THE \$10 TEAM CHARGE WITH REGISTRATION FORM COMPLETED

**** THE FORMAT OF THE TOURNAMENT WILL BE DETERMINED ONCE ALL TEAMS HAVE ENTERED ****

**** PLEASE MAKE SURE CONTACT PHONE # AND EMAIL ARE FILLED IN SO WE CAN CONTACT YOU AS NEEDED ****

DEADLINE TO REGISTER IS MAY 31... NO REGISTRATION AFTER THAT DATE.