

SUMMER HOOPFEST 3-ON-3 BASKETBALL TOURNAMENT AT THE COLLEGE BASKETBALL EXPERIENCE

AT THE SPRINT CENTER

Wednesday, June 24, 2009 6-9:30pm
Open to boys and girls in grades 4-8
Fee: \$90 per Team
Due by: June 19th by Noon

WWW.COLLEGEbasketballexperience.com



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| <ul style="list-style-type: none"> • All teams are guaranteed a minimum of three games. • Being a fun summer time event for kids, no coaches are allowed on the sideline. • Games are played in a half-court setting with a supervisor/official at each basket. • Games are played in 20 minute intervals with ties broken by sudden death. | <ul style="list-style-type: none"> • Teams need to check in at the CBE at 5:30 pm on June 24. • Players receive entrance to the College Basketball Experience. Full access to all of the CBE's interactive activities and the College Basketball Hall of Fame. www.collegebasketballexperience.com • Discounted CBE tickets for spectators. |
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Complete the registration form below and return with your \$90 registration fee by noon, June 19th to:

Team Name _____ Grade _____

Circle One: Competitive Recreational Circle One: Boys Girls

GABL reserves the right to combine divisions and grades based on registration.

Team members (maximum of four players):

(Team Captain)	
1. Player Name _____ Telephone _____ Email _____ Parent Printed Name _____ Parental/Guardian Signature _____ <small>By signing this, I waive and release any and all rights and claims for damages I may have against the GABL or the CBE.</small>	3. Player Name _____ Telephone _____ Email _____ Parent Printed Name _____ Parental/Guardian Signature _____ <small>By signing this, I waive and release any and all rights and claims for damages I may have against the GABL or the CBE.</small>
2. Player Name _____ Telephone _____ Email _____ Parent Printed Name _____ Parental/Guardian Signature _____ <small>By signing this, I waive and release any and all rights and claims for damages I may have against the GABL or the CBE.</small>	4. Player Name _____ Telephone _____ Email _____ Parent Printed Name _____ Parental/Guardian Signature _____ <small>By signing this, I waive and release any and all rights and claims for damages I may have against the GABL or the CBE.</small>

PAYMENT INFO

Check No. _____ Visa/Mastercard/Discover _____

Name on Credit Card _____ Expiration Date _____

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