



2013 March Madness Tournament Official Entry Form

\$375.00 prior to March 15th, 2013

Please Print

Team Name: _____ **Coach:** _____

Coach's Address: _____

City: _____ **State:** _____ **Zip:** _____

Coach's Phone #: (____) _____ - _____ **Cell #:** (____) _____ - _____

E-mail: _____

(Print Neatly)

Age Group:

4th Grade Boys ~ Girls

5th Grade Boys ~ Girls

6th Grade Boys ~ Girls

7th Grade Boys ~ Girls

8th Grade Boys ~ Girls

9th Grade Boys ~ Girls

10th Grade Boys ~ Girls

11th Grade Boys ~ Girls

Payment:

Check Enclosed

Credit Card # **Visa** **MC** **AMEX** **Discover** **Expiration:** ____/____

In consideration for our team's entry into the Syracuse Select March Madness Tournament, I hereby waive and release any and all right and claims for damages that I may have against Syracuse Select Basketball and its representatives, successors, and assigns. Furthermore, we acknowledge full responsibility any and all injuries suffered by us in any activities sponsored by Syracuse Select Basketball and understand that the team is solely responsible for payment of any such medical expenses. Each team may have no more than 12 participants and must play only for the team entered on the roster. Numbers must be included on the roster form so that the number corresponds with the number assigned in the roster book.

Please sign below and send your tournament fee to the name and address listed below with full payment.

Coach's Signature

____/____/____
Date

Application sent to:
Syracuse Select Basketball
8334 Parkerhouse Path
Cicero, NY 13039
(315) 288-5119