

Chester F. Carlson MetroCenter YMCA

Invest in Youth Basketball Tournament

March 26th – 27th 2010

Registration Form

Registrations need to be returned to the Carlson YMCA 444 East Main Street or Faxed to 454-4015

Team Name _____

Sponsor/Coach's Name (if applicable) _____

Team Captain _____

Contact Number _____

Age Bracket Circle One (9-12 Years) Sat 9am-12Noon (13-15years) Sat 1-5pm (16-19 Years) Fri 4-9PM

FEE: \$100 per team.

ROSTER MUST BE COMPLETED IN FULL WITH EACH PLAYER'S FULL NAME, ADDRESS WITH ZIP CODE, DATE OF BIRTH, & CONTACT NUMBER. ALL ROSTERS MUST BE TYPEWRITTEN OR PRINTED LEGIBLY. FULL PAYMENT MUST BE TURNED IN WITH ROSTER!

Questions and Inquiries cal 263-4269

VERIFICATION OF AGE MAY BE REQUIRED, IF NEEDED!

PLAYER NAME	ADDRESS	ZIP CODE	CONTACT PHONE NUMBER	MEMBER/ NON MEMBER	DATE OF BIRTH
1)					
2)					
3)					
4)					
5) <i>Optional</i>					