ENTRY FORM

9TH ANNUAL 3-ON-3 BASKETBALL TOURNAMENT

March 30, 2019 AT SURING SCHOOL

Registration deadline with payment is March 20, 2019

Contact Person ______
Phone (include area code) ______

times is sport and therefore may result in injury to me and/or other players.

ream Name			
Grade (circle one): 3-4 5-6 7-8 9-10 1	L1-12 Division (circle one): Boys Girls ON THE 45TH PARALLEL		
•	ey orders payable to Suring Labor Day Celebration)		
Send entries no later than March 20 to: Suring Labor Day Celebration - P.O. Box 464, Suring, WI 54174 Be prepared to present proper ID at the registration table. NO ID – NO PLAY Please print clearly in black or blue pen only (Shirt Size Note: YS – YXL are Youth Sizes, S-XXL are Adult Sizes)			
		Please print clearly in black or blue per	(Shirt Size Note: YS – YXL are Youth Sizes, S-XXL are Adult Sizes)
		PLAYER #1	CIRCLE SHIRT SIZE YS YM YL YXL S M L XL XXL
Full Name (please print)			
School/Home School	Player signature		
Mailing address	City State Zip		
Phone w/area code	Email		
Parent/Guardian Name (if under age 18)	Signature		
PLAYER #2	CIRCLE SHIRT SIZE YS YM YL YXL S M L XL XXL		
	Grade Age		
	Player signature		
	CityStateZip		
	Email State 21p		
	Signature		
Tarenty Guardian Hame (if what age 10)			
PLAYER #3	CIRCLE SHIRT SIZE YS YM YL YXL S M L XL XXL		
Full Name (please print)	Grade Age		
	Player signature		
	City State Zip		
	Email		
	Signature		
PLAYER #4	CIRCLE SHIRT SIZE YS YM YL YXL S M L XL XXL		
	Grade Age		
	Player signature		
	City State Zip		
	Signature		
	Inc., the management of this event, the Suring Public School District or any official shall not be		

held responsible for the personal injury of any player or loss of team or individual property during this tournament. By signing the entry form, I assume all risks associated with my attendance and participation in this tournament. Furthermore I understand that the sport of basketball at