7ᵗʰ Annual Veterans Day Co-ed
4 v. 4 Youth Basketball Tournament
Monday, November 12 • 9:00am-12:00pm

Please print clearly and legibly • Please fill out registration form and waiver form completely and mail to The Clark Sports Center, P.O. Box 850, Cooperstown, NY, 13326 or fax to (607) 547-4100 • Questions? Call us at (607) 547-2800

Cost per player: $3 for members, $6 for non-members • Registration deadline: November 9ᵗʰ

Team Name (25 letters or less)

Team Grade Level (Please choose and *check only one*; Each team *must have* 2 girls and 2 boys)
There is a maximum of 6 teams allowed per grade level.

☐ 5 & 6 Grade   ☐ 7 & 8 Grade

Player One • Team Captain (Please fill out all information clearly and accurately)

First Name

Date Of Birth

Last Name

Age (At time of tournament date)

☐ Member   ☐ Non-member

Address

Gender   Grade
☐ Male ☐ Female

City

State   Zip Code

Phone

Signature • By signing, you agree that your information is correct.

_____

Player Two (Please fill out all information clearly and accurately)

First Name

Date Of Birth

Last Name

Age (At time of tournament date)

☐ Member   ☐ Non-member

Address

Gender   Grade
☐ Male ☐ Female

City

State   Zip Code

Phone

Signature • By signing, you agree that your information is correct.

_____

Player Three (Please fill out all information clearly and accurately)

First Name

Date Of Birth

Last Name

Age (At time of tournament date)

☐ Member ☐ Non-member

Address

Gender   Grade

☐ Male ☐ Female

City

State   Zip Code

Phone

Signature • By signing, you agree that your information is correct.

_____

Player Four (Please fill out all information clearly and accurately)

First Name

Date Of Birth

Last Name

Age (At time of tournament date)

☐ Member ☐ Non-member

Address

Gender   Grade

☐ Male ☐ Female

City

State   Zip Code

Phone

Signature • By signing, you agree that your information is correct.

_____

Payment Method   ☐ Cash or Check Enclosed (Please make checks payable to The Clark Sports Center.)

Cost per player: $3 for members, $6 for non-members

Payment must be turned in as a team to Scott Whiteman

Players	Member	Non-member	Total
Name: _____	☐	☐	$ ____
Name: _____	☐	☐	$ ____
Name: _____	☐	☐	$ ____
Name: _____	☐	☐	$ ____

Total Paid: _____