



Spring Classic

May 16-18th, 2008

Boys Spring Classic Registration Form

Organization Name: _____
Team Age Group: ____/u **Tourney Dates:** May 16-18th, 2008
Address of Organization: _____

Head Coach Name: _____
Ass. Coaches Name: _____
Coach's Main Number: (____) ____ - ____ **Cell:** (____) ____ - ____
Ass. Coach Number: (____) ____ - ____
Email Address: _____

Rosters must be typed or written clearly and must arrive no later than 4 days prior to tournament. Please send rosters and \$425 entry fee (made payable to BasketBull, LLC) to:

naismithtourney@yahoo.com

or

BasketBull, LLC
74 Barney Street
Agawam Mass. 01001

www.naismithtourney.com

ROSTER

**Jersey # and Name – HT – Graduation YR.
Home Address and Primary Phone Number**

Example: #55 JOHN SMITH – 6’6” – 2008
1000 Main Street Springfield, Massachusetts 00000 413-555-5555

1. _____ - _____ - _____

2. _____ - _____ - _____

3. _____ - _____ - _____

4. _____ - _____ - _____

5. _____ - _____ - _____

6. _____ - _____ - _____

7. _____ - _____ - _____

8. _____ - _____ - _____

9. _____ - _____ - _____

10. _____ - _____ - _____

11. _____ - _____ - _____

12. _____ - _____ - _____

13. _____ - _____ - _____

14. _____ - _____ - _____

15. _____ - _____ - _____
