



Registration Form

Organization Name: _____

Team Age Group: ___/u Tourney Dates: _____

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 applicable entry fee (made payable to BasketBull, LLC) to:

naismithtourney@yahoo.com

or

BasketBull, LLC

1350 Main Street, Suite 1507

Springfield, Ma. 01103

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. _____ - _____ - _____
