LINN-MAR JUNIOR LION BASKETBALL **TOURNAMENT ENTRY FORM**

TEAM NAME	:							
DIVISION:	Circle one:	5th	6th	7th	8th			
COACHES N	AME:							
E-MAIL ADDI (REQUIR	RESS: ED)							
ADDRESS:								
PHONE NUMBER:								
					ROSTI	ER		
	NAME:						NUMBER:	

Please list any additional players and their numbers here.

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•								
I verify that the preceding students are all presently members of the grade indicated								
and either CU	RRENTLY attend	School or CURRENTLY attend						
schools that fe	ed	School (only need to fill in one or the other.) I						
understand that misrepresentation of my team in this regard will result in disqualification.								

Coach's Signature

COACHES, PLEASE NOTE THE FOLLOWING

This tournament fills quickly. Please send your check and the entry form as soon as possible. Waivers may be turned in the day of your first game.

If you need special time considerations during the tournament, please let us know now.

We will attempt to avoid conflicts as much as possible, but it is nearly impossible to do this after the

pairings have been sent out. Thank you for your help in this matter.