

Patriots Fall Classic Basketball Tournament

Bismarck, North Dakota

Boys Grades 3-10

Girls Grades 3-6

Saturday & Sunday Oct. 31 & Nov. 1, 2009

Team Name: _____ City _____

Name: _____

Coach: _____

Boys Grade: (circle one) 3 4 5 6 7 8 9 10

Girls Grade: (circle one) 3 4 5 6

Mail To: _____

Address: _____

City/State/Zip: _____

Email Address: _____

Phone Numbers: _____ Cell # _____

Entry Fee: \$120.00 (3 game guarantee) payable to Century boys Basketball Boosters. Fee must accompany the roster to reserve a team spot. Deadline is Oct. 20, 2009.

Mail to: Lori Jacobs
1205 N 22nd St.
Bismarck, ND 58501

Questions/Information: Lori Jacobs 255-7361 (H) 391-0614 (Cell)
e-mail: lori@jacobsonbasketball.com

To Enter: All parents/guardians must sign the roster which is the player liability form. As a parent/guardian of a participating child, by my signature I hereby give my permission for him/her to participate in the Patriots Fall Classic tournament. I release the tournament and playing facilities and all others associated with this tournament from all such claims on the account of any injuries, which may be sustained while attending this tournament. I also understand that the Patriots Fall classic tournament is not responsible for any medical expenses or bills incurred by my son/daughter while attending the tournament.

Roster

Name	#	Parent Signature	Phone
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			