



West Sioux Athletic Boosters
3 on 3 Basketball Tournament
Saturday September 4th 2010
Registration Form



New Life
Gifts & Books



Contact Name & Phone& E-mail _____

Team: Name: _____

- | | |
|-----------------|--------------------|
| 1. Player _____ | T Shirt Size _____ |
| 2. Player _____ | T Shirt Size _____ |
| 3. Player _____ | T Shirt Size _____ |
| 4. Player _____ | T Shirt Size _____ |
| 5. Player _____ | T Shirt Size _____ |



Please indicate t shirt size as youth or adult

Age Division:

8&u____ 10&u____ 12&u____ 14&u____ 16&u____ H.S.____

Please indicate boys or girls

Note: All players must be of age by August 1 2010 to be eligible to play in that division no exceptions. Players may play up 1 not down.

Mail Registration and Waiver sheet to: Ryan Schwiesow

827 Central Ave
Hawarden IA 51023

Make checks payable to: West Sioux Athletic Boosters

\$60 per team up to three players and \$5 for each additional player

Note: We must receive Registration, Waiver, and Payment before team is registered to play in tournament. Deadline is August 28, 2010. First 8 teams in each division or up to 96 teams total. Teams will be notified of their first game time before Thursday September 2nd. Brackets will be handed out before the first game.

Questions: E-mail Ryan Schwiesow at rschwiesow@hotmail.com or call 712-551-6442 and leave a message.

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