

HOOPS for HOPE 2019 TOURNAMENT REGISTRATION FORM

Early Registration (free t-shirt): Fee and Roster must be RECEIVED by **February 22, 2019**

Registration Deadline: Fee and Roster must be RECEIVED by **March 8, 2019**

No registration will be accepted the day of the event.

Team Name

Team Captain's Name

Team Captain's Address

City State Zip

Team Captain's Phone # Cell Phone #

Team Captain's Email Address

Please Circle Division of Play Requested:

VARSITY

JUNIOR VARSITY

RECREATIONAL

DRIBBLE and SHOOT

Registration – up to 6 players \$ 200.00

Additional players \$25 each # ___ x \$25.00 \$ _____

TOTAL REGISTRATION ENCLOSED: \$ _____

Please send completed Registration form to:

Miles of Hope BCF, P.O. Box 405, Lagrangeville, NY 12540

Checks payable to Miles of Hope Breast Cancer Foundation

I understand that once my team is accepted into the tournament there will be no refund if my team withdraws. I further understand that no refunds will be made in the event of cancellation or shortening of any matches due to inclement weather. In the event of an accident-en-route to or from the tournament, or at any games or activities within the tournament, Hoops for Hope and/or Miles of Hope Breast Cancer Foundation and Marist College will not be held responsible.

Team Captain's Signature Date

TEAM ROSTER

(T-shirt sizes are only needed for Early Registrations)

1. _____
Player Name D.O.B

Email Address Shirt Size

2. _____
Player Name D.O.B

Email Address Shirt Size

3. _____
Player Name D.O.B

Email Address Shirt Size

4. _____
Player Name D.O.B

Email Address Shirt Size

5. _____
Player Name D.O.B

Email Address Shirt Size

6. _____
Player Name D.O.B

Email Address Shirt Size

7. _____
Player Name D.O.B

Email Address Shirt Size

8. _____
Player Name D.O.B

Email Address Shirt Size