



Hall of Fame Junior / Senior Showcase

Player Full Name: _____

Age: _____ Grade: _____

Address: _____

Telephone : _____

Email Address: _____

School: _____

GPA/SAT Scores _____

Height: _____ Weight: _____

Health Insurance: _____ Policy #: _____

Registration must be typed or written clearly and must arrive no later than 4 days prior to event. Please send registration and entry fee (made payable to BasketBull, LLC) to:

*BasketBull, LLC
1350 Main Street
Suite 1507
Springfield, Ma. 01103*

You can also register online: www.basketbull.org

www.basketbull.org

