



BASKETBULL



2012 BasketBull Events

Organization Name: _____

Team Age Group: ____/u Team Grade Level: _____

Event Name and Dates: _____

Address of Org: _____

Head Coach Name: _____

Ass. Coaches Name: _____

Coach's Main Number: (____) ____ - ____ Cell: (____) ____ - ____

Ass. Coach Number: (____) ____ - ____

Email Address: _____

If a team drops out of a tournament after registering without at least 7 days notice, they will risk forfeiting their registration money or may be required to pay any unpaid balance. By submitting this roster and registration, you are agree to these terms. Rosters must be typed or written clearly and must arrive no later than 4 days prior to tournament. Please send rosters and tournament entry fee (made payable to BasketBull, LLC) to:

*Basketball Hall of Fame
c/o BasketBull, LLC
1000 West Columbus Ave.
Springfield, Ma. 01105*

You can also register online:

<http://www.basketbull.org>



BASKETBULL

____ PLAYER NAME: _____ Ht. ____ Grad. Yr. ____ HS _____

Home Address/City/State/Zip _____

Phone # _____ E-mail _____

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