

Billingsgate/Invitational Basketball Tournament 2016



TEAM NAME: _____

AGE GROUP/ CATEGORY (BOYS/GIRLS): _____

COACH (Non-playing coach required): _____

TOWN: _____

CONTACT PHONE #: _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

NAME

SHIRT SIZE

CATEGORY _____ AMOUNT ENCLOSED \$ _____

I acknowledge I have read the Tournament rules and agree to follow them:

Signature of Non-Playing Coach

NO TEAM APPLICATIONS OR ROSTER CHANGES ACCEPTED AFTER FEB. 29, 2016