CareView Community Church 2014

## 3 0n 3 Basketball Tournament Registration Form

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**Team Registration:**

Team Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Captain?** | **Age** | **T- Shirt Size** | **Amt Paid?** |
|  |  |  | S M L XL |  |
|  |  |  | S M L XL |  |
|  |  |  | S M L XL |  |
|  |  |  | S M L XL |  |
|  |  |  | S M L XL |  |

Does anyone have any medical issues? If so please describe

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send completed form to Michelle Smith @ [3on3basketball2014@gmail.com](mailto:3on3basketball2014@gmail.com)

Questions? Contact Michelle Smith 610-955-4647 or [3on3basketball2014@gmail.com](mailto:3on3basketball2014@gmail.com)

http://careviewcommunitychurch.org