



State Championship

June 11th - 13th 2010

Tampa, FL

Team Name _____	Address _____
Registration # _____	Address _____
Coach _____	City _____ Zip _____
Home Phone _____	Cell Phone _____
Work Phone _____	Email _____

Please circle one: Division I Division II

Please circle one: Boys

Please circle the grade level that your team is entering

3 rd Grade	4 th Grade	5 th Grade
6 th Grade	7 th Grade	8 th Grade

Note: Divisions may be combined if there are not a minimum of 4 teams per division or grade.

3 Game Guarantee

For additional information please feel free to contact us:

Championship Basketball
P.O. Box 7431
Wesley Chapel, FL 33545
(813) 991-6445
jfoss15@yahoo.com

Make checks payable to:
Championship Basketball

Mail Entries to:
Championship Basketball
P.O. Box 7431
Wesley Chapel, FL 33545

This form must be completed and returned by:
June 1st 2010

\$490 Entry fee is required with the mailing of this form

Check Money Order

The tournament schedule will be available on our webpage @ www.flahoops.org



Florida State Office
(813) 991-6445
contact_us@flahoops.org