



Tournament of Champions

April 23rd – 25th 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 |
| 9 th Grade | 10 th Grade | |
| 11 th Grade | 12 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 33543
(813) 991-6445
www.flahoops.org

Make checks payable to:
Championship Basketball

Mail Entries to:
Championship Basketball
P.O. Box 7431
Wesley Chapel, FL 33543

This form must be completed and returned by:
April 13th 2010

\$325 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