



Wellington March Madness

March 5th – 7th 2010

Wellington, FL

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

Please circle one: Division II

Please circle one: Boys

Please circle the grade level that your team is entering

4th Grade

5th Grade 6th Grade

7th Grade 8th Grade

9th Grade 10th Grade

11th 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:

Wellington Travel Basketball Association
 1209 Mystic Way
 Wellington, FL 33414
 (561) 252-9530
chrisfratalia@southernwine.com

Make checks payable to:
Wellington Travel Basketball Association

Mail Entries to:
Wellington Travel Basketball Association
1209 Mystic Way
Wellington, FL 33414

This form must be completed and returned by:
February 23rd 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