



Tournament of Champions

March 12th – 14th 2010

Tampa, FL

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

Please circle one:	Division I
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Please circle one:	Girls
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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
 Po. Box 7431
 Wesley Chapel, FL 33543
 (813) 991-6445
www.flahoops.org

Make checks payable to:
Championship Basketball

Mail Entries to:
Championship Basketball
Po Box 7431
Wesley Chapel, FL 33543

This form must be completed and returned by:
March 2nd 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