2009 Mount Notre Dame

GIRLS BASKETBALL TOURNAMENT

OCTOBER 16 - 25 Grades 4th - 8th

TOURNAMENT REGISTRATION FORM

SCHOOL NAME: _____

COACH'S NAME: _____

COACH'S PHONE NUMBER: _____

COACH'S MAILING ADDRESS: _____

COACH'S E-MAIL ADDRESS: _____

GRADE and LEAGUE NUMBER: _____

TEAM NAME: _____ TEAM COLORS: _____

INDICATE "A" OR "B" BRACKET (6th,7th,8th Grade Only) _____

WILLING TO PLAY IN OPEN TOURNAMENT
IF NO "A" AND "B" BRACKETS (yes/no) _____

TEAM ROSTER (PLEASE LIST IN UNIFORM # ORDER)

PLAYER NAME	UNIFORM #	GRADE

MAKE CHECK FOR $100 PAYABLE TO: **MND BOOSTERS**

MAIL CHECK AND REGISTRATION FORM TO :

Gary Vome
4928 Isaac Lane
Mason , OH 45040

IF YOU ALREADY PAID THEN PLEASE COMPLETE AND EMAIL THIS FORM TO : gvome@cinci.rr.com

Note: Please indicate any conflicts with CYO games (Tour Dates Only). Also indicate other possible complications. If you do not send schedules, we cannot avoid conflicts.

NOTE: ALL REGISTRATION FORMS MUST BE RECEIVED BY OCTOBER 1ST