



TOURNAMENT REGISTRATION FORM – Part.I

TEAM INFORMATION

FULL TEAM NAME: _____
 (NAME PROVIDED WILL BE THE NAME REGISTERED ON THE TOURNAMENT DRAW)

CONTACT NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE NO.: () _____ - _____ FAX NO.: () _____ - _____

E-MAIL: _____

BOYS TOURNAMENTS

GIRLS TOURNAMENTS

✓	DATE	AGE GROUP	LEVEL	COST		✓	DATE	AGE GROUP	LEVEL	COST
	NOV 29-30	NOVICE	A	\$400			NOV 29-30	NOVICE	A/AA	\$400
	NOV 29-30	NOVICE	AA	\$400			NOV 29-30	BANTAM	AA/AAA	\$400
	DEC 06-07	M.ATOM	A/AA	\$400			DEC 06-07	M.ATOM	A/AA	\$400
							DEC 13-14	ATOM	OPEN	\$400
							JAN 31-01	BANTAM	A/AA	\$400
	FEB 14-15	ATOM	A/AA	\$400			FEB 07-08	JUNIOR	A/AA	\$400
	FEB 14-15	ATOM	AA/AAA	\$400			FEB 14-15	MIDGET	A/AA	\$400
	FEB 28-01	NOVICE	A	\$400			FEB 28-01	NOVICE	A/AA	\$400
	FEB 28-01	NOVICE	AA	\$400			FEB 28-01	M.ATOM	A/AA	\$400
	FEB 28-01	M.ATOM	A/AA	\$400						
	FEB 28-01	M.BANTAM	A	\$400						
	FEB 28-01	M.BANTAM	AA	\$400						
	MAR 07-08	MIDGET	A/AA	\$400			MAR 14-15	M.BANTAM	A/AA	\$400
	MAR 07-08	MIDGET	AA/AAA	\$400			MAR 14-15	M.MIDGET	A/AA	\$400
	MAR 14-15	BANTAM	A/AA	\$400			MAR 21-22	JUVENILE	A/AA	\$400
	MAR 14-15	M.MIDGET	AA/AAA	\$400						
	MAR 21-22	JUNIOR	A/AA	\$400						
	APR 18-19	JUVENILE	A/AA	\$400						

PLEASE ✓ OFF TOURNAMENT SELECTION, REGISTRATION

SIGNATURE: _____
 DIRECTOR OR CONTACT NAME

DATE: _____
 DAY MONTH YEAR

PLEASE PAY BY CHEQUE, PAYABLE TO: **IEM BASKETBALL LEAGUE INC.**

PLEASE MAIL REGISTRATION FORM AND TEAM ROSTER TO:
IEM BASKETBALL LEAGUE INC.
 913 ATAIRE ROAD
 NEWMARKET, ON L3X 1L3

(PLEASE USE SEPARATE REGISTRATION AND TEAM ROSTER FORM FOR EACH TEAM. THANK YOU!)