IEM Basketball

TOURNAMENT REGISTRATION FORM – Part.II

TEAM ROSTER INFORMATION

FULL TEAM NAME: _____

LEVEL: _____ **DIVISION:** (A) - (AA) - (AAA) **PRIMARY UNIFORM COLOR(s): [ ]**
(Where do you think you will be ranked for OBAs on a scale of 1-to-100)

PLEASE ANSWER QUESTIONS BELOW TO CREATE PREFERRED SCHE LES FOR ALL TEAMS, ***NO GUARANTEES.***

Q. DO YOU PREFER A FRIDAY NIGHT GAME? **[ ] YES [ ] NO**

Q. ARE YOU STAYING OVERNIGHT? FRIDAY: **[ ] YES [ ] NO** SATURDAY: **[ ] YES [ ] NO**

Q. PREFERRED START TIME, FIRST GAME? **[ ] 8:15** AM **[ ] 9:45** AM **[ ] 11:15** AM **[ ] 12:45** PM
Q. PREFERRED HOURS BETWEEN 1ST - 2ND GAME? **[ ] 1.5** HRS **[ ] 3.0** HRS **[ ] 4.5** HRS
Q. PREFERRED HOURS BETWEEN 2ND - 3RD GAME? **[ ] 1.5** HRS **[ ] 3.0** HRS **[ ] 4.5** HRS

UNIFORM NUMBER	PLAYER'S NAME	BIRTH DATE

COACH, ASSISTANT and MANAGER	TELEPHONE #1	TELEPHONE #2	E-MAIL

(PLEASE PRINT CLEARLY AND ATTACH TO REGISTRATION FORM)

TEAMS MAY RESERVE A SPOT ON A "**FIRST IN**" BASIS UPON RECEIPT OF REGISTRATION FORMS
TEAM REGISTRATION FEES MUST BE PAID 3-WEEKS PRIOR TO START OF TOURNAMENT