UW - LA CROSSE MEN'S BASKETBALL 2020 YOUTH BASKETBALL TOURNAMENT

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SATURDAY, FEBRUARY 1, 2020 Boys, grades 3, 4 and 5

SUNDAY, FEBRUARY 2, 2020 Boys, grades 6, 7 and 8

University of Wisconsin-La Crosse Mitchell Hall Recreational Eagle Center

ENTRY FEE: \$150 per team **PAYABLE TO:** UW–La Crosse

MAIL TO: Boys Basketball Tournament UW-La Crosse 110 Mitchell Hall 1725 State St. La Crosse, WI 54601

ENTRY DEADLINE: Friday, Jan. 17, 2020

INFORMATION ABOUT THE TOURNAMENT

- Our goal is to get each team three competitive games against competition they normally wouldn't face!
- Three (3) games guaranteed in all grade divisions.
- Games are officiated by WIAA certified referees.
- · Concessions will be available.
- A second mailing will be sent to tournament participants consisting of tournament schedules, game rules and hotel information.

FOR MORE INFORMATION, CONTACT

Kenny Finco UWL Men's Basketball Assistant Coach 608.785.8819 kfinco@uwlax.edu

2020 UWL Boys Youth Basketball Tournament

Registration Form

Please print clearly. We cannot process incomplete registrations. All information requested must be provided.



Team Name:	Team Contact:
Contact Phone #:	_Contact Email:
Contact Address:	City/State/Zip:

Team Member Registration: Each team member must read the WAIVER. By entering your information in this table, and signing, team member agrees to the terms of waiver.

(Print) First/Last Name	Grade	Email Address (participant or parent)	Signature (Parent/Guardian if under 18)	Emergency Contact Name/Number

SEND THIS FORM WITH ENTRY FEE TO:

Boys Basketball Tournament UW-La Crosse 110 Mitchell Hall 1725 State St. La Crosse, WI 54601

WAIVER: Registration implies permission for photos, publicity and inclusion in a participant list unless camp director is notified in writing prior to camp. By signing this form I agree to hold harmless and indemnify UW-La Crosse, their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of my dependent in the course of the camp. I authorize that any medical, surgical, diagnostic and hospital procedures may be performed by a physician on my dependent if I cannot be reached in the event of an emergency.

Visit **UWICAMPS.COM** for online registration and more information!