West Iron County 5-On-5 Youth Basketball Tournament TEAM ENTRY FORM

TEAM NAME:	GRADE:	

COACH: _____

CIRCLE ONE: GIRLS or BOYS

TEAM CONTACT INFORMATION							
Contact Person:							
Phone Number:			Email Address:				
Mailing Address:							
	City:	State:			Zip Code:		

TEAM ROSTER										
	PLAYER NAME	NO.	Grade		PLAYER NAME	NO.	Grade			
1				10						
2				11						
3				12						
4				13						
5				14						
6				15						
7				16						
8				17						
9				18						

RETURN THIS ENTRY FORM WITH YOUR CHECK TO: West Iron County Public Schools, ATTN: Mike Berutti, 701 NICK BAUMGARTNER WAY, IRON RIVER, MI 49935