

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