



4TH, 5TH, 6TH GRADE BOYS' AND GIRLS' BASKETBALL ONE DAY SHOOTOUT

TEAM & GAME INFORMATION

- » Maximum 16 teams
- » Boys: B & C level teams only
- » Girls: Any level
- » Separate divisions may be created if there are enough teams registered to have a higher and lower division at an age group
- » 3 game guarantee
- » Individual awards to 1st and 2nd place teams
- » Game times will be between 8:00 a.m.- 6:00 p.m.
- » No AAU teams; feeder teams only

REGISTRATION INFORMATION

- » \$200 entry fee
 - » Registration deadline: December 31
- No refunds after December 31**

Make checks payable to the Woodridge Park District
Mail registration form and entry fee to:
Woodridge Park District **Attn: Brad Keene**
8201 S. Janes Ave., Woodridge, IL 60517

ADMISSION:

\$3/adult (ages 12 & over); \$1/child
Concessions available



FOR MORE INFORMATION PLEASE CONTACT: BRAD KEENE, ATHLETIC SUPERVISOR

P: (630) 353-3418 | F: (630) 353-3310 | E: bkeene@woodridgeparks.org

WOODRIDGE PARK DISTRICT ATHLETIC RECREATION CENTER

8201 S. Janes Avenue, Woodridge, IL 60517 | www.wpdlarc.com | P: (630) 353-3400

WOODRIDGE PARK DISTRICT COMMUNITY CENTER

2600 Center Drive, Woodridge, IL 60517 | www.woodridgeparks.org | P: (630) 353-3300

WOODRIDGE MLK DAY SHOOTOUT



January 21, 2019
Team Registration Form



- 4th Grade Boys (NEW) 5th Grade Boys (NEW) 6th Grade Boys (NEW)
 4th Grade Girls (NEW) 5th Grade Girls (NEW) 6th Grade Girls (NEW)

Rate your team: A B+ B B- C+ C

Team Information

Team Name _____

Head Coach's Name/Contact _____

Address _____ City _____ State _____ Zip _____

Home Phone Number _____ Fax Number _____

Cell Number _____ Email Address* _____

*** Majority of communication will be done via email.**

Payment Information

The tournament fee is \$200 and must accompany your application. Entry fees are nonrefundable once your team has been accepted into the tournament.

Check No. _____ Amount \$ _____

Credit Card Type (please check): Visa MasterCard

Card Number _____ Exp. _____ / _____
Mo. Yr.

Cardholder's Name (Please Print) _____

Signature _____

Return this form and payment to:

Woodridge Park District
Attn: Brad Keene
2600 Center Drive
Woodridge, IL 60517

If paying by credit card, registration may be sent by fax to 630.353.3310.

Roster must accompany registration.