



4th, 5th, 6th Grade Boys' Basketball One Day Shootout

TEAM & GAME INFORMATION

- » Maximum 16 teams
- » Boys: B & C level teams only
- » 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 8:00AM- 7:00PM
- » No AAU teams; feeder teams only

REGISTRATION INFORMATION

- » \$225 entry fee
- » Registration deadline: January 3
- No refunds after January 3
- 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; \$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 17, 2022
Team Registration Form

Grade Level: 4th Grade Boys 5th Grade Boys 6th Grade Boys

Rate your team: B+ B B- C+ 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 \$225 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. _____ / _____ CVV: _____
Mo. Yr.

Cardholder's Name (Please Print) _____

Signature _____

Return this form and payment to:
Woodridge Park District
Attn: Brad Keene
8201 S. Janes Ave.
Woodridge, IL 60517

If paying by credit card, registration may be sent by fax to 630.353.3409.

