



6TH, 7TH, 8TH GRADE BOYS' BASKETBALL ONE DAY TOURNAMENT

TEAM & GAME INFORMATION

- Maximum 16 teams
- Boys Division: B & C level only
- Brackets may be modified if there are not enough teams registered at a certain grade and division level.
- 3 game guarantee
- Individual awards to 1st & 2nd place teams
- Game times will be between 8:00am - 4:00pm
- No AAU teams; feeder teams only

**FOR MORE INFORMATION, CONTACT:
KEITH BLOMBERG, ATHLETIC SUPERVISOR
@ KBLOMBERG@WOODRIDGEPARKS.ORG**

REGISTRATION INFORMATION

- \$240 entry fee
- Registration Deadline: January 2
- No refunds after January 2

Make checks payable to the Woodridge Park District

MAIL REGISTRATION FORM AND ENTRY FEE TO:

Woodridge Park District
Attn: Keith Blomberg
8201 S. Janes Ave., Woodridge, IL 60517

ADMISSION:

- \$4/adult (ages 12 & over); \$2/child
- Concessions available



The MLK Day Basketball Tournament is an official Qualifier for 2024 Illinois Middle School Basketball Championship to be held in Champaign on March 15th-17th. All teams finishing 1st or 2nd in each division will qualify for the State Championship to battle top teams from towns throughout Illinois.

MLK DAY BASKETBALL TOURNAMENT

MONDAY, JANUARY 15, 2024

TEAM REGISTRATION FORM

GRADE LEVEL	<input type="checkbox"/> 6th Grade Boys <input type="checkbox"/> 7th Grade Boys <input type="checkbox"/> 8th Grade Boys
RATE YOUR TEAM	<input type="checkbox"/> B+ <input type="checkbox"/> B <input type="checkbox"/> B- <input type="checkbox"/> C+ <input type="checkbox"/> C <input type="checkbox"/> C-

TEAM INFORMATION

TEAM NAME			
HEAD COACH'S NAME			
ADDRESS	Street:	City:	
	State:	Zip:	
PRIMARY PHONE NUMBER:			
*EMAIL ADDRESS:			

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

PAYMENT INFORMATION

The tournament fee is \$240 and must accompany your application. Entry fees are nonrefundable once your team has been accepted into the tournament.

FORM OF PAYMENT

<input type="checkbox"/>	CHECK	No.	<input style="width: 95%;" type="text"/>	Amount \$	<input style="width: 95%;" type="text"/>
<input type="checkbox"/>	CREDIT CARD	Card Number	<input style="width: 95%;" type="text"/>	Exp.	<input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>
CARDHOLDER'S NAME		<input style="width: 98%;" type="text"/>			
SIGNATURE		<input style="width: 98%;" type="text"/>			

RETURN THIS FORM AND PAYMENT TO:

Woodridge Park District
 Attn: Keith Blomberg
 8201 S. Janes Avenue, Woodridge, IL 60517

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

