



# MLK DAY BASKETBALL TOURNAMENT

Monday, January, 20th, 2025

## 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 \$250 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 type="text"/>	Amount \$	<input type="text"/>		
<input type="checkbox"/> CREDIT CARD	Card Number	<input type="text"/>	Exp.	<input type="text"/>	CVV	<input type="text"/>
CARDHOLDER'S NAME						
SIGNATURE						

## 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.*