

E-mail:

SAINT ANDREW 3 ON 3 BASKETBALL TOURNAMENT

Entry Form & Waiver



Our Team Name is	Division	Tournament: Sunday, October 9th, 2016
	Boys 6th Grade 7th Grade 8th Grade Girls 6th Grade 7th Grade 8th Grade	Thursday, October 6th, 2016 at 4:00 pm
CAPTAIN	Player 2	Team Entry Fee: \$60 per team
Name:	Name:	Mandatory Team Check-In: Details to be provided by email
Address:	Address:	
School:	School:	St. Andrew Catholic School
Grade/Age:	Grade/Age:	3304 Dryden Road
Phone:	Phone:	Fort Worth, TX 76109 School Phone #: 817-924-8917
PARENT/GUARDIAN SIGNATURE:	PARENT/GUARDIAN SIGNATURE:	
E-mail:	E-mail:	Mail Payment & Entry Form To: Send one (1) check (no cash) per team payable to St. Andrew Catholic School.
Player 3	Player 4	St. Andrew Catholic School Attn: Tracy Gonzalez
Name:	Name:	3304 Dryden Road Fort Worth, TX 76109 Questions? Call: Tracy Gonzalez 817-307-5148 tgonzalez@transfirst.com Greg Hoffman 817-455-8367
Address:	Address:	
School:	School:	
Grade/Age:	Grade/Age:	
Phone:	Phone:	
PARENT/GUARDIAN SIGNATURE:	PARENT/GUARDIAN SIGNATURE:	sghoff07@hotmail.com

WAIVER: Every player's parent or guardian must read and execute this waiver form. Signatures on the registration form signify each person has read, understands and abides by this information. There are risks connected with participation in this tournament and its related activities. A signature releases and discharges St. Andrew Catholic School, event charities, and volunteers from all actions, suits and demands in law or in equity, including but not limited to, the risk of injury from playing in the tournament.

E-mail:

www.standrewsch.org