OMC CYO ROUND ROBIN TOURNAMENT REGISTRATION FORM

ENTRY FEE $100.00 PER TEAM:

TEAM NAME _____

CAPTAIN	PLAYER #2	PLAYER #3	PLAYER #4	PLAYER #5
(PLEASE PRINT)	(PLEASE PRINT)	(PLEASE PRINT)	(PLEASE PRINT)	(PLEASE PRINT)
(Name)	(Name)	(Name)	(Name)	(Name)
(Address)	(Address)	(Address)	(Address)	(Address)
(CITY) (STATE) (ZIP CODE)	(CITY, STATE, ZIP)	(CITY) (STATE) (ZIP CODE)	(CITY) (STATE) (ZIP CODE)	(CITY) (STATE) (ZIP CODE)
(Birthdate) (Phone)	(Birthdate) (Phone)	(Birthdate) (Phone)	(Birthdate) (Phone)	(Birthdate) (Phone)
(Age at start of tournament) (Height)	(Age at start of tournament) (Height)	(Age at start of tournament) (Height)	(Age at start of tournament) (Height)	(Age at start of tournament) (Height)
IMPORTANT	IMPORTANT	IMPORTANT	IMPORTANT	IMPORTANT
T-Shirt Adult Size S M L XL XXL (Circle One)	T-Shirt Adult Size S M L XL XXL (Circle One)	T-Shirt Adult Size S M L XL XXL (Circle One)	T-Shirt Adult Size S M L XL XXL (Circle One)	T-Shirt Adult Size S M L XL XXL (Circle One)
(SIGNATURE)	(SIGNATURE)	(SIGNATURE)	(SIGNATURE)	(SIGNATURE)
Be sure to provide accurate information, false information may lead to team disqualification.	Be sure to provide accurate information, false information may lead to team disqualification.	Be sure to provide accurate information, false information may lead to team disqualification.	Be sure to provide accurate information, false information may lead to team disqualification.	Be sure to provide accurate information, false information may lead to team disqualification.

Enclose $100 entry fee and mail to:

OMC CYO ROUND ROBIN
OUR MOTHER OF CONSOLATION PARISH CENTER
7 E. CHESTNUT HILL AVENUE
PHILADELPHIA, PA 19118

For a team registration to be complete all team players must sign form. By signing registration form each player certify that all information submitted is accurate and acknowledges OMC CYO Basketball, Crefeld School/Gym and or its associates are not responsible for any injury or lost/stolen goods that may occur during the tournament.