

Follansbee RSVP "ASAP"
Youth Summer Basketball Tournament

Name: _____

Address: _____

City: _____

Phone Number: _____

Email: _____

Age ____ M ____ F ____ Adult T-Shirt Size S M L XL XXL

Grade Entering: 6 7 8 9 School _____

Emergency Contact (Name and Phone #) _____

Physical problems with applicant (List) _____

A donation of \$12.00 for each participant and the t-shirt is yours to keep. There will be no other fees. All games will be played at Mahan Playground and will be supervised by league officials. Games will be played on Saturday, July 10, 2010 from 4:00 p.m. to 8:00 p.m. You are expected to act and play responsibly. This is an instructional league and is for the enjoyment of the youth participating. Any one not abiding by the league rules will be ejected from playing in the league.

Youth Signature _____

Parent/Guardian Signature _____

Date Signed _____

This tournament will be limited to the first 120 youth that sign up, so get your registration in as early as possible. Make check out to: **BCCOA RSVP Program.**

Brooke County Committee on Aging RSVP Program
948 Main Street, Follansbee WV 26037
304.527.3410