

March Madness 3 v. 3 Tournament

Registration Form

Team Grade (circle): 5 6 7 8 Parent Teacher **Gender:** M F Coed

Player 1 Name: _____ **Grade:** _____

Email: _____ **Phone:** _____

Address: _____

Player 2 Name: _____ **Grade:** _____

Email: _____ **Phone:** _____

Address: _____

Player 3 Name: _____ **Grade:** _____

Email: _____ **Phone:** _____

Address: _____

Player 4 Name: _____ **Grade:** _____

Email: _____ **Phone:** _____

Address: _____

Player 5 Name: _____ **Grade:** _____

Email: _____ **Phone:** _____

Address: _____

PAYMENT TOTAL: _____ (\$20 per player)

Checks with full payment should be **made payable to Friends of the Southborough Youth Commision**, and mailed to:

Kathy Cook, Fusion Group
132 Turnpike Road, Suite 100
Southborough, MA. 01772