



LOYAL 3-ON-3 BASKETBALL TOURNAMENT

Saturday, April 17th, 2010
Loyal High School

ENTRY FEE: \$40.00 per team

DIVISIONS: Girls and boys, 3rd grade through 8th grade. Each team is guaranteed three games. Grades may be combined depending on number of entries. For example, 5th and 6th grade boys may be combined.

GAME RULES & TIMES: Will be mailed to each team on the week of the tournament. Travel distance will be taken into consideration when brackets are set up.

ROSTER INFORMATION: Only four players per team. All players must be from the same community!! Teams must have their own t-shirts/uniforms. Please enclose complete information. Younger players may “play up” in a higher division. We may cancel any grade level due to lack of teams.

CONTACT PERSONS: Mike Rueth * mikerueth@loyal.k12.wi.us 255-8511 ext. 205
Mike Schiszik * mikeschiszik@loyal.k12.wi.us 255-8511 ext. 136
Denise Brussow * denisebrussow@loyal.k12.wi.us 255-8511 ext. 216

** Enclose a check or money order made payable to: Loyal Athletic Booster Club
ATTN: Mike Rueth
514 W. Central St., Box 250
Loyal, WI 54446

ENTRY FORM DUE BY APRIL 9TH, 2010 !!! PLEASE REMEMBER TO FILL OUT THE EMAIL ADDRESS OF THE COACH OR CONTACT PERSON SO THAT YOUR BRACKET AND START TIME OF YOUR FIRST GAME CAN BE EMAILED. PLEASE ARRIVE AT LEAST 20 MINUTES EARLY IN THE EVENT THAT GAMES GET OVER EARLY AND WE ARE AHEAD OF SCHEDULE.

ROSTER INFORMATION

GRADE LEVEL 2009 - 2010 SCHOOL YEAR _____

BOYS _____

GIRLS _____

TEAM NAME _____

COACH'S NAME _____

PHONE NUMBER _____

BEST TIME TO CONTACT _____

ADDRESS _____

EMAIL ADDRESS _____

Players Names and Addresses:

1. _____
2. _____
3. _____
4. _____

Loyal Athletic Booster Club, Loyal High School and tournament workers are not responsible for any injuries. All players play at their own risk.

Waiver Form: I waive all responsibility from Loyal Athletic Booster Club if any injury or death would occur during or resulting from activity in this 3-on-3 tournament. I also permit the officials or supervisors to use their best judgment if an injury does occur and to help or refer the athlete to proper health care providers.

Coach's Signature _____ Date _____