Indyball.com Shootout
2012 Registration Form

Please complete an entry form for each team you enter! More Information at www.usayouthhoops.com

TEAM INFORMATION

Team Name:_____ Grade Level:_____ Division:_____
(A or B)

Head Coach:_____ Coach Email:_____

Address:_____

City:_____ State:_____ Zip:_____

Home Phone:_____ Cell Phone:_____

Can you play Friday Night:?_____

ROSTER

#	Name	Address	City, ST	DOB	Home Phone	School	Grade

PAYMENT

Tournament entries will not be accepted unless accompanied by full payment. Please make checks payable to 'INDY BALL' and send to following address: (DEADLINE April 3rd, 2009)

INDYBALL>COM SHOOTOUT
Attn: Michael Fox
12415 Hurlock Dr.
Fishers, IN 46037

Or pay by credit Card:
Type: VISA, MC, DISCOVER
Number:_____
EXP DATE:_____
Card ID number on back (last 3)_____

Contact:
Michael Fox: mdfox3@yahoo.com or 317-709-2622 Thomas Klein: teklein10@gmail.com or 847-812-7656

*Office Use Only: Date Received:*_____ *Payment Type & Number :*_____ *Amount:*_____