

Crispin's House Coalition for Youth 17th Annual 3-on-3 Basketball Tournament
Saturday, March 25, 2017 - Goffstown High School Gym - Double Elimination



REGISTRATION FEES:

On or Before March 15: Students \$15 each (18 and under). Adults \$35 each (19 +)
After March 15: Students \$20, Adults \$40
Walk-Ins (day of): Students \$25, Adult \$45

****Only 4 players are allowed on each team – 3 to play and 1 to substitute.****

Every player must complete a registration form.

Player's Name: _____ **Team Name:** _____

Other players on your team: 1. _____
2. _____ 3. _____

Team Categories: 3rd & 4th Grade (Coed) _____ 5th & 6th Grade (Coed) _____
7th & 8th Grade Girls _____ 9th thru 12th Grade Girls _____
7th & 8th Grade Boys _____ 9th & 10th Grade Boys _____ 11th & 12th Grade Boys _____
M or F 19 yrs. and Over _____ M or F 30 yrs. and Over _____ M or F 50 yrs. and Over _____

Grade 3 through 6 registrations start at 7:00am and close at 7:30am, games begin at 8:00am
Grade 7 and 8 registrations start at 10:00am and close at 10:30am, games begin at *11:00am
Grade 9 through 12 registrations start at 12:00pm and close at 12:30pm, games begin at *1:00pm
Adult registrations start at 1:30pm and close at 2:00pm, games begin at *2:30pm.
**Game times may be delayed, dependent on the number of teams playing in earlier games.*

T-Shirt Information: To get a **FREE** Team T-shirt you must register **and pay** on or before March 15, 2017.
If you want extra Team T-Shirts, order now and include \$10 for each extra T-Shirt.

Indicate T-Shirt Size(s): Youth Medium: _____ Youth Large: _____ Adult Small: _____
Adult Medium: _____ Adult Large: _____ Adult XL: _____ Adult XXL: _____ Other: _____

Photos may be taken and used for marketing purposes such as publications, posting on website, advertisements, etc. If you **DO NOT** give permission, please check here. NO _____

I, the undersigned, do hereby hold harmless and indemnify the Crispin's House Coalition for Youth, Inc., its directors, officers, employees, sponsors, referees and volunteers from all liability, for any and all loss or damage, and any claim of losses or damages resulting therefore, on account of injury which may incur to me or my child while playing in the Crispin's House Coalition for Youth 17th Annual 3-on-3 Basketball Tournament on March 25, 2017.

Player's Name: _____

Street Address: _____

City/Town: _____ **Zip Code:** _____

Date of Birth: ___/___/___ **Phone:** _____

Player's Signature: _____ **Email:** _____

Parent's signature if player is under 18: _____

Emergency Contact Info: Name: _____ **Phone:** _____

Mail the signed registration form and fee to: Crispin's House, Inc., PO Box 411, Goffstown, NH 03045

The registration fee may be paid on line at www.crispinshouse.org.

If the fee is paid on-line, the signed registration form must still be mailed to Crispin's House, Inc.

Refreshments will be available during the tournament.
Call 497-3499 or visit www.crispinshouse.org for more information.