

**6th ANNUAL ALEX BENNETT MEMORIAL 3-ON-3 BASKETBALL TOURNAMENT
Registration Form**

Return registration to **Steve Irion, 3525 Ridge Drive, Grand Junction, Colorado, 81506 phone: (970) 243-4878 e-mail: Steven.M.Irion@wellsfargo.com.** All registrations must be received no later than **October 28, 2009.**

Team Name _____

Team registration fee \$65 (Checks payable to: Alex Bennett Memorial Tournament)
4 players per team (minimum of 3)

		T-Shirt Size S,M,L,XL	
Roster: #1	_____	Grade: _____	_____
#2	_____	_____	_____
#3	_____	_____	_____
#4	_____	_____	_____

Age Division:

_____ Boys 5th & 6th grade	_____ Girls 5th & 6th grade
_____ Boys 7th & 8th grade	_____ Girls 7th & 8th grade
_____ Boys High School 9th & 10th grade	_____ Girls High School 9th & 10th grade
_____ Boys High School 11th & 12th grade	_____ Girls High School 11th & 12th grade
_____ Men's Open Division	_____ Women's Open Division

Team Contact: Name _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ e-mail address _____

I hereby certify that the members of the above named team are eligible to compete in the 6th **ANNUAL ALEX BENNETT MEMORIAL 3-ON-3 BASKETBALL TOURNAMENT** according to the rules and regulations stipulated by Mesa County Junior Basketball Association and that each player is covered by a proper accident policy of insurance. In consideration of your accepting this team roster, I hereby, for myself, my team, their personal representatives, heirs and assigns, waive and release any and all rights and claims for damages I may have against the Association for any injury or damage incurred at the tournament.

Date _____

Signature of Team Representative _____