

MARCH "RAIDER" MADNESS

3-on-3 Basketball Tournament

DIVISIONS*

Elementary School		Middle School		High School		Post High School	
<input type="checkbox"/>	4 th Grade Girls	<input type="checkbox"/>	6 th Grade Girls	<input type="checkbox"/>	9 th & 10 th Grade Boys	<input type="checkbox"/>	"Varsity" Division
<input type="checkbox"/>	4 th Grade Boys	<input type="checkbox"/>	6 th Grade Boys	<input type="checkbox"/>	High School Boys Open Division-11 th & 12 th Gr.	<input type="checkbox"/>	"Intramural" Division
<input type="checkbox"/>	5 th Grade Girls	<input type="checkbox"/>	7 th Grade Girls	<input type="checkbox"/>	9 th & 10 th Grade Girls	<input type="checkbox"/>	35 and Over
<input type="checkbox"/>	5 th Grade Boys	<input type="checkbox"/>	7 th Grade Boys	<input type="checkbox"/>	High School Girls Open Division- 11 th & 12 th Gr.	<input type="checkbox"/>	45 and over
		<input type="checkbox"/>	8 th Grade Girls				
		<input type="checkbox"/>	8 th Grade Boys				

*All players can only play in their current level gender division. No "playing up" or "Down"...no mixed teams

TEAM ROSTER: Minimum 3 to Maximum 5 Players

TEAM NAME:

TEAM E-Mail:

****REQUIRED**

• Please print (in black ink) names and specify T-shirt size as follows: **Adult Sizes - M, L, XL, XXL**

1. Player Name: _____ Phone No.: _____ T-Shirt size: _____

Address: _____ City: _____ Zip Code: _____

2. Player Name: _____ Phone No.: _____ T-Shirt size: _____

Address: _____ City: _____ Zip Code: _____

3. Player Name: _____ Phone No.: _____ T-Shirt size: _____

Address: _____ City: _____ Zip Code: _____

4. Player Name: _____ Phone No.: _____ T-Shirt size: _____

Address: _____ City: _____ Zip Code: _____

5. Player Name: _____ Phone No.: _____ T-Shirt size: _____

Address: _____ City: _____ Zip Code: _____

Contact person: _____ (Person to receive information by e-mail and to be responsible to communicate with all team members game time information and rules and regulations)

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ **Verify E-Mail address: _____

****REQUIRED**

(Type or print legibly)

Make checks payable to: **Glenbard South Booster Club**

NO REGISTRATION ACCEPTED AFTER Tue March 10.

Mail to: Nancy Schlegel / 3 on 3 Basketball
582 Harding Ave.
Glen Ellyn, IL 60137

Questions: Call Nancy Schlegel: Home # (630) 790-9251
or nschlegel@wowway.com