

SEMINOLE TRIBAL FAIR BASKETBALL TOURNAMENT FEBRUARY 2nd-4th, 2017

Adult Tournament Registration Form



*Attach photocopy of Tribal I.D's or C.D.I.B. to this form

*Prize checks will be made under coach/representative's name; therefore, tribal vendor registration is necessary

Team Name: _____

Division: (Check one)

<input type="checkbox"/> 18+ Women	<input type="checkbox"/> 18+ Men	<input type="checkbox"/> Legend (35+) Men	<input type="checkbox"/> Legend (35+) Women
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Team Coach/Representative: _____ Tribe: _____

Phone # _____ Email: _____

	Player Name	DOB	Tribe	Enrollment # or CBID
1				
2				
3				
4				
5				
6				
7				
8				

By submitting this registration form I certify that I have read and I will abide to the tournament regulations and that according to our records and to the best of my knowledge the above information is accurate.

Coach/representatives signature: _____

Date: _____