

SEMINOLE TRIBAL FAIR BASKETBALL TOURNAMENT

FEBRUARY 2nd-4th, 2017

Youth Tournament Registration Form



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

Team Name: _____

Division: (Check one)

<input type="checkbox"/> 7-10 Co-ed	<input type="checkbox"/> 11-14 Co-ed	<input type="checkbox"/> 15-17 Co-ed
-------------------------------------	--------------------------------------	--------------------------------------

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: _____