



2012 Seward High Alumni Association 3 on 3 Basketball Tournament Registration Form

Print out and mail this completed form & money to:

SHS Alumni Association

PO BOX 184

Seward, NE 68434

Registration ends Mon. March 26th @ Midnight

Team Name: _____

*Event reserves the right to reject any team name deemed inappropriate

Team Consists of: ☐ Male ☐ Female ☐ Co-Ed

SPORTSMANSHIP PLEDGE

By completing this form, all players accept responsibility for their conduct at the SHS Alumni Association 3 on 3 Basketball Tournament. The event reserves the right to disqualify and eject any individuals and/or teams that behave in an unsportsmanlike manner.

TEAM ROSTER

TEAM CAPTAIN

First Name: _____ **Class of:** _____

Last Name: _____

Gender: ☐ Male ☐ Female **Shirt Size:** _____

Address: _____

City, State: _____ **Phone:** _____

Zip Code: _____ **Email:** _____

PLAYER 2

First Name: _____ Class of: _____
Last Name: _____
Gender: ___ Male ___ Female Shirt Size: _____
Phone: _____

PLAYER 3

First Name: _____ Class of: _____
Last Name: _____
Gender: ___ Male ___ Female Shirt Size: _____
Phone: _____

PLAYER 4

First Name: _____ Class of: _____
Last Name: _____
Gender: ___ Male ___ Female Shirt Size: _____
Phone: _____

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REGISTRATION FEES/PAYMENTS

Team Fee: \$25 per Player

T-Shirts are only guaranteed if registration is in before March 17th

___ CHECK ___ CASH

Please make checks payable to: SHS Alumni Basketball Tournament

Registration ends Monday March 26th @ MIDNIGHT