



SLAMFEST

May 7th – 9th, 2010 • Fort Lauderdale, FL

Team Name: _____	Address: _____
Registration #: _____	Address: _____
Coach: _____	City: _____ Zip: _____
Home Phone: _____	Cell Phone: _____
Work Phone: _____	Email Address: _____

Please circle one: Division I Division II

Please circle one: Boys Girls

Please circle the grade level that your team is entering:

3 rd Grade	4 th Grade	5 th Grade
6 th Grade	7 th Grade	8 th Grade
9 th Grade	10 th Grade	
11 th Grade	12 th Grade	

NOTE: Divisions may be combined if there is not a minimum of 4 teams per division or grade.

3 Game Guarantee

For additional information please feel free to contact:

ADRIAN SOSA

Cell: (954) 559-2708

Email Sosa@sfyba.org or visit SFYBA.org

This form must be completed & returned by:

April 27th, 2009

Make checks payable to:
South Florida Youth Basketball Association

Mail entries to:
South Florida Youth Basketball Association
PO BOX 297924
Pembroke Pines, FL 33029 – 7924

\$325.00 Entry Fee, paid by check or money order, is required with the mailing of this form.



Florida State Office
(813) 991-6445
contact_us@flahoops.org