USSSA BASKETBALL

Back-2-Skool
September 10 - 12 • 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
Division III – High School

Please circle one: Boys Girls

Please circle the grade level that your team is entering:

3rd Grade 4th Grade 5th Grade

6th Grade 7th Grade 8th Grade

9th Grade

$300.00 Entry fee, paid by check or money order, is required with the mailing of this form.

Make checks payable to:

South Florida Youth Basketball Association

Mail entries to:

South Florida Youth Basketball Association

PO BOX 297924 • Pembroke Pines, FL 33029

NOTE: Divisions may be combined if there is not a minimum of 3 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

Web Site: SFYBA.org

This form must be completed and returned by:

August 31, 2010

The tournament schedule will be available at: www.flahoops.org and SFYBA.org