



WWW.OHIOBASKETBALL.COM TOURNAMENT REGISTRATION FORM

PLEASE SEND THIS FORM AND CHECK TO:
TFN Camps & Clinics, Inc.
7515 Pearl Rd Suite 207
Middleburg Hts., Ohio 44130
FAX: (440) 826-3652

Team Name: _____ Grade/Division: _____ **BOYS or GIRLS** (circle one)

Tournament Date: **May 29-31, 2010** Tournament Location: **Wildcat Memorial Showdown, Lexington, KY**

Head Coach: _____ Phone: _____ FAX: _____ Email: _____

Address: _____ City/ST: _____ ZIP: _____

I hereby certify that all information above is correct and in all consideration of participating in this or any TFN Camps & Clinics, Inc. event, that I assume full responsibility for all players listed above and that I have in my possession signed papers from each parent that states that they agree not to hold responsible TFN Camps & Clinics, Inc., its members, coaches, or other employees on account of any injury or loss or damage suffered as a result of a player participating in this or any TFN Camps & Clinics, Inc. event, including but not limited to games, practices or travel to and from these activities.

Coach's Signature _____ Date _____

PLEASE PRINT ALL INFORMATION

	JERSEY #	NAME	GRADE	ADDRESS	CITY/STATE	ZIP	BIRTH DATE
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