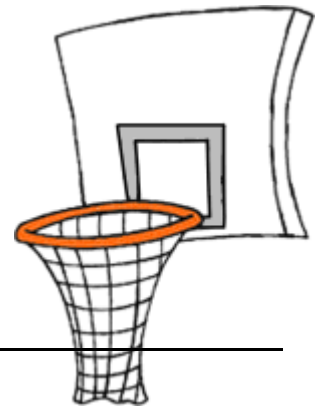


# DALTON'S 3 on 3 Basketball Tournament

## Registration



PLEASE **PRINT** CLEARLY.

TEAM NAME: \_\_\_\_\_

### PLAYER 1

First name: \_\_\_\_\_

Age: \_\_\_\_\_

Last name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Height: \_\_\_\_ Feet \_\_\_\_ Inches

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Gender: Male Female

Phone number: \_\_\_\_\_

Age: \_\_\_\_\_

Email Address: \_\_\_\_\_

---

### PLAYER 2

First name: \_\_\_\_\_

Age: \_\_\_\_\_

Last name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Height: \_\_\_\_ Feet \_\_\_\_ Inches

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Gender: Male Female

Phone number: \_\_\_\_\_

Age: \_\_\_\_\_

Email Address: \_\_\_\_\_

PLAYER 3

First name: \_\_\_\_\_

Age: \_\_\_\_\_

Last name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Height: \_\_\_\_ Feet \_\_\_\_ Inches

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Gender: Male Female

Phone number: \_\_\_\_\_

Age: \_\_\_\_\_

Email Address: \_\_\_\_\_

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PLAYER 4

First name: \_\_\_\_\_

Age: \_\_\_\_\_

Last name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Height: \_\_\_\_ Feet \_\_\_\_ Inches

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Gender: Male Female

Phone number: \_\_\_\_\_

Age: \_\_\_\_\_

Email Address: \_\_\_\_\_

---

SIGNATURES

I have read and understand this application and procedures, and agree that information about my team is correct.

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Name Printed)

**\$80.00 PER TEAM OF FOUR - HIGH SCHOOL THROUGH ADULT AGES**

**\$40.00 PER TEAM OF FOUR - YOUTH THROUGH JUNIOR HIGH**

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**SEND REGISTRATION (WITH PAYMENT) TO:**

Dalton's Food Pantry  
3326 W. 10th Street  
Indianapolis, IN 46222