

Ell-Saline Booster Club Tournament

January 13 and 14, 2018

Ell-Saline High School Gym
3rd, 4th, 5th, and 6th

\$150 per team

**Checks made payable to:
ESH Booster Club**

Please sent completed form and fee to:

Mendee Kramer

5101 W. West Slope Road

Salina, KS 67401

ESH Booster Club reserves the right to combine age groups, if necessary. If you have any special request, please send in writing prior to deadline. FULL CONCESSIONS AVAILABLE

Entry deadline: Friday, January 5, 2018.

Team Name: _____

Team Grade: _____

Team Coach: Name _____
 Address _____

 Email _____
 Phone # _____

<u>Players Name</u>	<u>Jersey Number</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In consideration for being allowed to participate: I, _____, the undersigned representative of the above team, waive all claims for injury, accident, or loss of any kind and hereby release all volunteers and gymnasiums associated with this basketball tournament from any claims. I am, also, verifying that the above information is correct.

Team Representative Signature: _____