

Freedom Festival 3-on-3 Basketball Tournament

Please submit or return the signed form with \$20 non-refundable entry fee per player by June 19, 2017 to: East Jordan Freedom Festival, PO Box 435, East Jordan, MI 49727. Space is limited. Tournament rules are available @ www.eastjordanfreedomfestival.org Questions? Call the EJ Chamber office @ 231-536-7351 or Erin Stevenson @ 231-360-0913. (Late registrations will be considered if there is space available, please call after the deadline)

Girls Team _____ Boys Team _____

Division by grade(use the grade they just completed): (based on oldest player)
3rd-4th 5th-6th 7th-8th 9th-10th 11th-12th

Team Name: _____

Player #1/Contact Person

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ - _____ - _____

Email: _____

Grade (just completed): _____

T-shirt: YLG Adult Sm Med Lg XL XXL

Player #2

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ - _____ - _____

Email: _____

Grade (just completed): _____

T-shirt: YLG Adult Sm Med Lg XL XXL

Player #3

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ - _____ - _____

Email: _____

Grade (just completed): _____

T-shirt: YLG Adult Sm Med Lg XL XXL

Player #4

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ - _____ - _____

Email: _____

Grade (just completed): _____

T-shirt: YLG Adult Sm Med Lg XL XXL

Release/Waiver: The undersigned is aware that there are risks associated with this activity. The undersigned hereby releases and waives the East Jordan Freedom Festival Board and all other tournament hosts, organizes and volunteers from any and all personal or property liability. The undersigned agrees to adhere to all rules, policies and judgments that are associated with participation in this event. The undersigned hereby grants permission to allow photographs and video recordings to be taken during the event. (Must be signed by parent/guardian if under 18).

#1 _____
Parent/Guardian

#2 _____
Parent/Guardian

#3 _____
Parent/Guardian

#4 _____
Parent/Guardian

To Pay by Credit or Debit Card please complete the following:

Name on Card _____ Account # _____ - _____ - _____ Exp. date ____/____/____

3-digit Code _____ Billing Address: _____