



UW-Superior Campus Recreation Holiday Hoops 3-on-3 Tournament Entry Form



DATE: Tuesday, December 31st

START TIME: 9:00am

PLACE: Marcovich Wellness Center (1810 Catlin Avenue)

REGISTRATION DEADLINE: Friday, December 20th at noon
 Contact person will be emailed the tournament schedule by Friday, December 27 at 6pm
 Make checks payable to MWC
 Mail, Drop-Off, Fax, Email to: Jarod Meyer, Intramural Coordinator
 UW-Superior (Attn. Campus Rec)
 PO Box 2000
 Superior, WI 54880
 Email: jmeyer49@uwsuper.edu
 Fax: 715-395-4625

TEAM NAME: _____ TEAM CONTACT: _____

ADDRESS: _____
Street City Zip

PHONE #: _____ EMAIL: _____

If the team contact is a player, also list their name on the roster. Give complete information. NO MORE THAN 4 PLAYERS ON A TEAM UNLESS APPROVED BY TOURNAMENT DIRECTOR.

PLAYER'S NAME

1. _____
2. _____
3. _____
4. _____

Check Division and Grade Level

Division:	Boys _____	Girls _____	FEE: \$50/team
Grade Level:	3 _____	6 _____	Division Winners: receive tournament t-shirt
	4 _____	7 _____	
	5 _____	8 _____	