UW-Superior Campus Recreation
4th Annual Holiday Hoops
3 on 3 Basketball Tournament
Entry Form

DATE: Thursday, December 27th

START TIME: 9:00 am

PLACE: Marcovich Wellness Center (1810 Catlin Avenue)

REGISTRATION DEADLINE: Form must be received by Tuesday, December 18th **(please contact Jarod when submitting your form to make sure he received it)**
Contact person will be emailed the tournament schedule by Saturday, December 22nd at 6pm
Make checks payable to MWC
Mail, Drop-Off, Fax, Email to: Jarod Meyer, Intramural Coordinator
Marcovich Wellness Center
1810 Catlin Avenue, Room 1440
Superior, WI 54880
Email: jmeyer49@uwsuper.edu
Fax: 715-395-4625

TEAM NAME: _____ TEAM CONTACT: _____

ADDRESS: _____
Address 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.

PLAYER'S NAME

1._____

2._____

3._____

4._____

Check Division and Grade Level

Division: Boys ☐ Girls ☐

Grade Level: 3 ☐ 6 ☐
4 ☐ 7 ☐
5 ☐ 8 ☐

FEE: $40/team (maximum of 4 players)

Division Winners: receive tournament t-shirt