



# State Championship

June 13<sup>th</sup> – 15<sup>th</sup>

Melbourne, FL

Team Name _____	Address _____
Registration # _____	Address _____
Coach _____	City _____ Zip _____
Home Phone _____	Cell Phone _____
Work Phone _____	Email _____

Please circle one:	Division I	Division II
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Please circle one:	Boys
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Please circle the grade level that your team is entering		
3 <sup>rd</sup> Grade	4 <sup>th</sup> Grade	5 <sup>th</sup> Grade
6 <sup>th</sup> Grade	7 <sup>th</sup> Grade	8 <sup>th</sup> Grade

Note: Divisions may be combined if there are not a minimum of 4 teams per division or grade.

## 3 Game Guarantee

For additional information please feel free to contact us:

Make checks payable to:  
Brevard Bulls Basketball Organization

Mail Entries to:  
Brevard Bulls Basketball Organization  
PO Box 61195  
Palm Bay, FL 32906

Steve Hughes  
PO Box 61195  
Palm Bay, FL 32906  
(321) 446-9159

[shughes99@cfl.rr.com](mailto:shughes99@cfl.rr.com)

This form must be completed and returned by:

\$450 Entry fee is required with the mailing of this form

Check                       Money Order

### June 3<sup>rd</sup> 2008

The tournament schedule will be available on our webpage @ [www.flahoops.org](http://www.flahoops.org)



Florida State Director  
Jeff Foss  
(813) 991-6445  
[jfoss15@flahoops.org](mailto:jfoss15@flahoops.org)