



4th Annual Brevard Bulls Spring Classic

February 29th - March 2nd
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	Girls
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Please circle the grade level that your team is entering		
3 rd Grade	4 th Grade	5 th Grade
6 th Grade	7 th Grade	8 th Grade
9 th Grade	10 th Grade	11 th 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

This form must be completed and returned by:

\$300 Entry fee is required with the mailing of this form

Check Money Order

February 19th 2008

The tournament schedule will be available on our webpage @ www.flahoops.org



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