



Spring Hill Shootout

May 31st – June 1st
Springhill, FL

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

Please circle one: Division III

Please circle one: Boys

Please circle the grade level that your team is entering

10th Grade

11th Grade

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

4 Game Guarantee

For additional information please feel free to contact us:

Make checks payable to:
Spring Hill Eagles

Mail Entries to:
Spring Hill Eagles
8430 Driftwood Dr
Weeki Wachee, FL 34607

Pat Kelly
8430 Driftwood Dr
Weeki Wachee, FL 34607
302-236-1086
kelly_p@hcsb.k12.fl.us

This form must be completed and returned by:
May 21st 2008

\$270 Entry fee is required with the mailing of this form

Check Money Order

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



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