



CSBC Explosion Hoopfest 1

April 9th – 11th 2010

Coral Springs, FL

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

Please circle one:	Division II
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Please circle one:	Boys
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Please circle the grade level that your team is entering	
5 th Grade	6 th Grade
7 th Grade	8 th Grade
9 th Grade	10 th Grade
11 th Grade	12 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:

Coral Springs Basketball Club
 C/O Mike Wolf
 1280 S. Powerline Rd #20
 Pompano Beach, FL 33069
 954-673-1146
aerolaw@aol.com

Make checks payable to:
Coral Springs Basketball Club

Mail Entries to:
 Coral Springs Basketball Club
 C/O Mike Wolf
 1280 S. Powerline Rd #20
 Pompano Beach, FL 33069

This form must be completed and returned by:
March 30th 2010

\$325 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 Office
 (813) 991-6445
contact_us@flahoops.org