



Elite Open
February 12th -14th 2010
Tampa, FL

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

Please circle one:	Division I
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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	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:

Championship Basketball
Po Box 7431
Wesley Chapel, FL 33545
813-991-6445
steveripleyfl@aol.com

Make checks payable to:
Championship Basketball

Mail Entries to:
Championship Basketball
PO Box 7431
Wesley Chapel, FL 33545

This form must be completed and returned by:
February 2nd 2010

\$300 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