



# South Florida Girls Classic

March 5<sup>th</sup> – 7<sup>th</sup> 2010

Cooper City, 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:	Girls
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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			
	9 <sup>th</sup> Grade	10 <sup>th</sup> Grade			
	11 <sup>th</sup> Grade	12 <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:

Ron Ziccardi  
 12611 Countryside Terr.  
 Cooper City, FL 33330  
 (954) 830-3237  
[rziccardi@bellsouth.net](mailto:rziccardi@bellsouth.net)

Make checks payable to:  
Girls Basketball Association

Mail Entries to:  
 Girls Basketball Association  
 12611 Countryside Terr.  
 Cooper City, FL 33330

This form must be completed and returned by:  
**February 23<sup>rd</sup> 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](http://www.flahoops.org)



Florida State Office  
 (813) 991-6445  
[contact\\_us@flahoops.org](mailto:contact_us@flahoops.org)