



Southeast Regional Championship

April 1st – 3rd 2010

Ft Lauderdale, 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	12 th 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:

South Florida Youth Basketball Association
P.O. Box 297924
Pembroke Pines, FL 33029-7924
(954) 559-2708
sfyba123@aol.com

Make checks payable to:
South Florida Youth Basketball Association

Mail Entries to:
South Florida Youth Basketball Association
P.O. Box 297924
Pembroke Pines, FL 33029-7924

This form must be completed and returned by:
March 23rd 2010

\$490 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