

Tournament Registration Form
OSHKOSH WEST BASKETBALL CLUB, INC.

TEAM NAME: _____ GRADE _____ BOYS / GIRLS

(please circle)

DATE OF TOURNAMENT _____ TOURNAMENT LOCATION _____

COST OF TOURNAMENT _____

(Please enclose check made out to Oshkosh West Basketball Club, Inc.)

HEAD COACH'S NAME _____ E-MAIL _____

HOME PHONE _____ CELL _____

ASSISTANT COACH'S NAME _____

HOME PHONE _____ CELL _____

ROSTER

PLAYER'S NAME	NUMBER	PLAYER'S NAME	NUMBER
1 _____	9 _____		
2 _____	10 _____		
3 _____	11 _____		
4 _____	12 _____		
5 _____	13 _____		
6 _____	14 _____		
7 _____	15 _____		
8 _____	16 _____		

NO ALL-STAR OR AAU TEAMS ALLOWED. ALL PLAYERS MUST BE FROM THE SAME SCHOOL DISTRICT AND GO TO THE SAME HIGH SCHOOL

NO REFUNDS UNLESS TOURNAMENT IS CANCELLED

(Please fill out as much information as you can and send this form to the appropriate coach who can be found on our web site - www.owbc.org - under hosted tournaments)