CHICAGO SELECT BASKETBALL

4TH Annual Kings of the Hardwood
Basketball Invitational

Registration Form

Team Name: _____

Division (check one): [ ] 5th grade [ ] 6th grade [ ] 7th grade

Head Coach:_____Phone:_____

Address:_____

City:_____State:_____Zip:_____

E-mail:_____

Assistant Coach:_____Phone:_____

Roster

[PLEASE PRINT]

	Jersey #	Player's Name	Position	Birth Date	Grade
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

Mail completed registration form and payment to:
SONNY PARKER YOUTH FOUNDATION
401 N. Michigan Avenue – Suite 1200
Chicago, IL 60611
ATTN: KINGS OF THE HARDWOOD TOURNAMENT