

KINGS OF THE HARDWOOD CLASSIC

TEAM REGISTRATION AND ROSTER

Age&Div. - 5th 11/u[] 6th 12/u[] 7th 13/u[] 8th 14/u[]

Travel/AAU: [] School/ Park/Feeder: []

Team: _____ Location: _____

Coach: _____ Phone #: _____

Asst: _____ Phone #: _____

Email: _____

Player's #	Name	Age	D.O.B.	Grade
1.			/ /	
2.			/ /	
3.			/ /	
4.			/ /	
5.			/ /	
6.			/ /	
7.			/ /	
8.			/ /	
9.			/ /	
10			/ /	
11			/ /	
12			/ /	

Mail Completed Form and Payment to:
SPYF C/O WARREN MACK
4038 W. ARTHINGTON ST.
CHICAGO IL., 60624
Attn: Kings of the Hardwood Classic