



2nd Annual Jazzin' on Jefferson

Basketball Tournament



Registration Form

Team Name: _____

Player's Full Name: _____ Age: _____

Emergency Contact No.1 Name/phone #: _____

Emergency Contact No. 2 Name/Phone #: _____

THE TWO WINNING TEAMS WITH THE HIGHEST SCORES WILL PLAY IN THE CHAMPIONSHIP

Signature

Date

Guardian Signature (if player is younger than 18)

Date

Hosted By:

