

ENTRY FORM

DEADLINE FOR ENTRY: ALL deadlines will be approximately (5) days before tournament date(s)...

TEAM NAME: _____

GENDER: **Boys** **Girls**

Circle your age/grade division:

8U 9U 10U 11U 12U 13U 14U 15U 16U

COACHES INFORMATION

NAME OF HEAD COACH: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

HOME PHONE # _____ **CELL PHONE #** _____

EMAIL: _____ **FAX #** _____

ASSISANT COACH(S): _____

HOME PHONE # _____ **CELL PHONE #** _____

EMAIL: _____

SEND FORM WITH ENTRY FEE TO:

**Metrolina Havoc Basketball Club
PO Box 480334
Charlotte, NC 28269**

OR PAY ONLINE AT: www.metrohavocbasketball.com