

2013 FUSION NY HOOPS FEST – REGISTRATION FORM

(fill out form and send payment to East Coast Fusion – 977 Seminole Trail #358, Charlottesville VA 22901)

Tourney Dates

June 1st – 2nd

New York Hoops Festival

U13-U17

| TEAM INFORMATION | |
|------------------------------|---|
| Team Name: | |
| Age Group: | |
| Gender: | Boys / Girls |
| Level (A, A/B, B): | |
| COACH INFORMATION | |
| Coach's Name: | |
| Coach's Cell Phone: | |
| Assistant Coach (and cell): | |
| Coach's Email: | |
| Coach's Address: | |
| Coach's City, State, Zip: | |
| PAYMENT INFORMATION | |
| Payment Method: (circle one) | <i>CHECK - CREDIT CARD (Call to provide credit card info)</i> |
| Amount: | |

Please call me with any questions you have about this form or about the tournament in general. We look forward to having you with us this spring. Take care.

Cade A. Lemcke
Tournament Director
434-242-5537

