

Walker's Second Annual B-Ball Bonanza for Kids

Sponsored by Walker's Young Professional Group, Basketball City and the Bell in Hand

3- on -3 Basketball Tournament

Saturday, March 10, 2007 (1 pm-4pm)

Basketball City in Boston (near TD Banknorth Garden)

To be eligible to participate, teams must complete the following registration form and submit it along with the \$30 fee per person and return to Walker by **Friday, March 2, 2007**. Mail or deliver the form and registration fee to: Nicole Darrell, Coordinator of Events and Volunteers, Walker 1968 Central Avenue, Needham, MA 02492. Please do not submit cash in the mail. Checks/money/credit card information should be made payable to Walker. If you have any questions regarding the registration process, or would like to register via phone, please call 781-292-2160 or email ndarrell@walkerschool.org. Prizes will be awarded to the top competitors in both leagues.

Team Name: _____

Competition Type: _____ Competitive ("I'm here to win a prize and play seriously")

_____ Amateur ("I'm here just to have fun and hang out with my friends")

Each competition style will have its own double elimination tournament. The official game length (time and points per game) will be determined on site. The games will be self officiated. Teams will also have the opportunity to play full court pickup games after being eliminated from the tournament.

***Limited space available in each tournament**

Player 1 (Team Captain)

Name: _____ T-Shirt Size: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Email: _____

Player 2

Name: _____ T-Shirt Size: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Email: _____

Player 3

Name: _____ T-Shirt Size: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Email: _____

Player 4 (optional)

Name: _____ T-Shirt Size: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Email: _____

Player 5 (optional)

Name: _____ T-Shirt Size: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Email: _____

Credit Card Information

Name as it appears on card: _____

Card Number: _____ Exp. Date: _____

Type (please circle): Mastercard Visa American Express