



HOLIDAY HOOPS SHOOTOUT TOURNAMENT

FRIDAY, DECEMBER 29, 2023

3RD, 4TH & 5TH GRADE BOYS' BASKETBALL ONE DAY SHOOTOUT

TEAM & GAME INFORMATION

- Maximum 16 teams
- Boys Division: B & C level only
- Brackets may be modified if there are not enough teams registered at a certain grade and division level.
- 3 game guarantee
- Individual awards to 1st & 2nd place teams
- Game times will be between 8:00am - 4:00pm
- No AAU teams; feeder teams only

REGISTRATION INFORMATION

- \$240 entry fee
- Registration Deadline: December 15
- No refunds after December 15

Make checks payable to the Woodridge Park District

MAIL REGISTRATION FORM AND ENTRY FEE TO:

Woodridge Park District
Attn: Keith Blomberg
8201 S. Janes Ave., Woodridge, IL 60517

**FOR MORE INFORMATION, CONTACT:
KEITH BLOMBERG, ATHLETIC SUPERVISOR
@ KBLOMBERG@WOODRIDGEPARKS.ORG**

ADMISSION:

- \$4/adult (ages 12 & over); \$2/child
- Concessions available



WOODRIDGE HOLIDAY HOOPS SHOOTOUT

FRIDAY, DECEMBER 29, 2023

TEAM REGISTRATION FORM

GRADE LEVEL	<input type="checkbox"/> 3rd Grade Boys <input type="checkbox"/> 4th Grade Boys <input type="checkbox"/> 5th Grade Boys
RATE YOUR TEAM	<input type="checkbox"/> B+ <input type="checkbox"/> B <input type="checkbox"/> B- <input type="checkbox"/> C+ <input type="checkbox"/> C <input type="checkbox"/> C-

TEAM INFORMATION

TEAM NAME			
HEAD COACH'S NAME			
ADDRESS	Street:	City:	
	State:	Zip:	
PRIMARY PHONE NUMBER:			
*EMAIL ADDRESS:			

** Majority of communication will be done via email.*

PAYMENT INFORMATION

The tournament fee is \$240 and must accompany your application. Entry fees are nonrefundable once your team has been accepted into the tournament.

FORM OF PAYMENT

<input type="checkbox"/>	CHECK	No.	<input style="width: 95%;" type="text"/>	Amount \$	<input style="width: 95%;" type="text"/>
<input type="checkbox"/>	CREDIT CARD	Card Number	<input style="width: 95%;" type="text"/>	Exp.	<input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>
CARDHOLDER'S NAME					
SIGNATURE					

RETURN THIS FORM AND PAYMENT TO:

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If paying by credit card, registration may be sent by fax to 630.353.3409.

