"Washington State Championship Qualifier"

Presidents Weekend (2024) February 16, 17, 18 For: Boys & Girls

Grades: 3rd, 4th, 5th, 6th, 7th, & 8th

(7th & 8th will not be combined this year)

B & Small A Schools Only

"Same School Only" School Enrollment Verification Could Be Required

Note: We have had teams take advantage of this rule in the past, please do not make us police it. Only bring student-athletes from your school. This is a small school tournament for a reason.

Players can only play on ONE team & can play up a grade level but not down a grade level

Location: Davenport, Harrington, & Reardan, WA (6 Gyms)

Cost: \$275.00

Three Game Guarantee

Games begin Friday evening & run ALL day Saturday-Sunday Championship T-Shirts Awarded to ALL 1st Place Teams

Registration Deadline: January 22, 2024

Note: We had 102 teams last year, brackets will fill up fast, please register ASAP.

Contact Information:

DavenportBasketballAssociation@gmail.com

Chad Prewitt (509) 280-0329 & Amy Jenness (509) 721-0315

***Send Completed Registration Form & Check Made Payable to:

Davenport Basketball Association

DBA/Amy Jenness

PO Box 6

Davenport, WA 99122

Washington State Tournament Qualifier

ALL teams finishing 1st or 2nd in each division will qualify for the State Championship to battle top teams throughout Washington.

Location: Spokane, WA (Girls: March 8-10, Boys: March 15-17)

STATE BASKETBALL

2024 BOYS BASKETBALL REGISTRATION

Main Contact						
Cell Phone	Home Phone					
MailingAddress						
City/State/Zip						
Email Address						
Coach's Name	Cell					
Team Name	Town Representing					
Boys Grade Level (Circle One): 3 rd 4 th 5 th 6 th 7 th 8 th						
Name	School	Date of Birth	Grade	T-shirt Size		

I, ______ (coach's name), authorize Davenport Basketball Association to contact our school principal ______ (principal name, phone, and email) to verify 'same school' enrollment of my players.

2024 GIRLS BASKETBALL REGISTRATION

Main Contact						
Cell Phone	Home Phone					
MailingAddress						
City/State/Zip						
Email Address						
Coach's Name	Cell					
Team Name	Town Representing					
Girls Grade Level (Circle One): 3 rd 4 th 5 th 6 th 7 th 8 th						
Name	School	Date of Birth	Grade	T-shirt Size		
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I, ______ (coach's name), authorize Davenport Basketball Association to contact our school principal ______ (principal name, phone, and email) to verify 'same school' enrollment of my players.