

Filling fast—secure  
your spot now!



## 6<sup>TH</sup>, 7<sup>TH</sup>, 8<sup>TH</sup> GRADE BOYS' BASKETBALL ONE DAY TOURNAMENT

### 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 - 6:00pm
- No AAU teams; feeder teams only

### REGISTRATION INFORMATION

- \$265 entry fee (Payment will not be processed until 1/3)
- Registration Deadline & No Refunds after: January 5

Make checks payable to the Woodridge Park District

### MAIL REGISTRATION FORM AND ENTRY FEE TO:

Woodridge Park District  
Attn: Jason Stubbeman  
8201 S. Janes Ave., Woodridge, IL 60517

FOR MORE INFORMATION, CONTACT:  
**JASON STUBBEMAN, ATHLETIC SUPERVISOR**  
@ [JSTUBBEMAN@WOODRIDGEPARKS.ORG](mailto:JSTUBBEMAN@WOODRIDGEPARKS.ORG)

### ADMISSION:

- General Admission: \$5
- Concessions available



The MLK Day Basketball Tournament is an official Qualifier for 2026 Illinois Middle School Basketball Championship to be held in Champaign on March 20, 21, 22. All teams finishing 1st or 2nd in each division will qualify for the State Championship to battle top teams from towns throughout Illinois.

# MLK DAY BASKETBALL TOURNAMENT

Monday, January 19th, 2026

## TEAM REGISTRATION FORM

GRADE LEVEL	<input type="checkbox"/> 6th Grade Boys	<input type="checkbox"/> 7th Grade Boys	<input type="checkbox"/> 8th Grade Boys					
RATE YOUR TEAM	Silver Bracket	<input type="checkbox"/> B+	<input type="checkbox"/> B	<input type="checkbox"/> B-	Bronze Bracket	<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 \$265 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 type="text"/>	Amount \$	<input type="text"/>		
<input type="checkbox"/> CREDIT CARD	Card Number	<input type="text"/>	Exp.	<input type="text"/>	CVV	<input type="text"/>
CARDHOLDER'S NAME						
SIGNATURE						

## RETURN THIS FORM AND PAYMENT TO:

Woodridge Park District  
Attn: Jason Stubbeman  
8201 S. Janes Avenue, Woodridge, IL 60517

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