

**FILLING FAST—
SECURE YOUR
SPOT NOW!**



WOODRIDGE WINTER CLASSIC 2026

**FRIDAY, JANUARY 2ND
3RD, 4TH & 5TH GRADE 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

**FOR MORE INFORMATION, CONTACT:
JASON STUBBEMAN, ATHLETIC SUPERVISOR
JSTUBBEMAN@WOODRIDGEPARKS.ORG**

REGISTRATION INFORMATION

- \$265 entry fee
- Registration Deadline & No Refunds after:
December 19th

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

ADMISSION:

- General Admission: \$5
- Concessions available



The Holiday Hoops Shootout 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.

WOODRIDGE WINTER CLASSIC

FRIDAY, JANUARY 2ND, 2026

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	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	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 70%; padding: 5px;">Street:</td> <td style="border: none; padding: 5px;">City:</td> </tr> <tr> <td style="border: none; padding: 5px;">State:</td> <td style="border: none; padding: 5px;">Zip:</td> </tr> </table>	Street:	City:	State:	Zip:
Street:	City:				
State:	Zip:				
PRIMARY PHONE NUMBER:					
*EMAIL ADDRESS:					
<i>* Majority of communication will be done via email.</i>					
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 style="width: 150px;" type="text"/> Amount \$ <input style="width: 100px;" type="text"/>				
<input type="checkbox"/> CREDIT CARD	Card Number <input style="width: 150px;" type="text"/> Exp. <input style="width: 50px;" type="text"/> CVV <input style="width: 50px;" 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					
<i>If paying by credit card, registration may be sent by fax to 630.353.3409.</i>					

