JR. BLUE & RED CLASSIC BASKETBALL TOURNAMENT

Saturday, Feb. 13, 2021

At Hugoton High School Gyms

- * Teams accepted on first comefirst served basis.
- * Tourney fee MUST accompany entry form.
- * Medals will be awarded to 1st place teams (Max of 12 medals).
- * All games played on a 10' goal.
- * Guaranteed 3 games.
- Full court press allowed in ALL divisions up to 20 point lead.
- * Free throw line will be moved forward for 3rd/4th division.
- * All other KSAA rules apply.
- * Teams need matching or similar jerseys.
- * Younger players may play into upper division, but can only play on one team.
- * Players must wear clean shoes.

Team Entry Fee: \$150

"The Hugoton Jr. Red and Blue Classic is an official Qualifier for the 2021 Kansas State Youth Basketball Championship to be held in Wichita on March 5-7. All teams finishing 1st or 2nd in each division will qualify for the State Championship to battle top teams from towns throughout Kansas.

- * Running clock except in the last 2 min. of each half. Running clock when a team is ahead by 20 points.
- *20 min. halves. (5 min. ½ time.) (5 min. between games.)
- * 3 -60 sec. Timeouts per team.
- * 2 min. Overtime if needed. Sudden death tie-breaker will be used if needed 1st team to score wins.

* BRING YOUR OWN BASKETBALLS.

JUNIOR



To Register a Team:

Make checks payable to
HUGOTON BOYS BASKETBALL
c/o Ginny Titus
209 S. Washington Street
Hugoton, KS 67951
Cell: (620) 428-2161
Titusgw@pld.com

(Payment MUST be included with Registration Info.)

TEAMS:

3rd/4th Grade Boys 5th/6th Grade Girls 5th/6th Grade Boys

Register Now!
It fills up fast!

Junior Blue and Red Classic Youth Basketball Tournament- Saturday, February 13, 2021

Please send this registration form and your \$150 fee to Hugoton Boys Basketball- C/O Ginny Titus- 209 S.Washington St. Hugoton, KS 67951.

Teams are registered on a first come- first serve basis and money must accompany the registration form.

Ceam Name:			
Please check one:	3/4 grade boy	5/6 grade girls	_5/6 grade boys
Coach's Name		Assistant Coach's Name	
Phone # (Cell Preferred):		Phone # (Cell Preferred)):
Email Address:		Email Address:	
Address, City, State, Zip:		Address, City, State, Zip):
Special Notes/Requests:			

For Administration Purposes:

Date Received

PLEA	ASE BRING THIS ON THE DAY OF THE COMPE	TITION:		
TEA	M NAME/TOWN			
agree offici the sp	to assume all risks for injury sustained by me while	participating in this spoarrise as a result of personat I have read this Act	ort. I further agre conal injury or pr	hild including the potential for permanent paralysis and death. It is to release Hugoton Recreation, USD 210, and employees and reperty damage occasioned by my child while participation in and Release and I fully understand its purpose.
	Player Name (please print)	Jersey#	Grade	Parent/Guardian Signature

This is to certify that this roster does not include any assumed name and that each player is eligible to participate in the specified

Coach's Signature:

Paid_____ Check #____

tournament division.