

# Sheldon Boys Basketball Tournament

Tournament Date:  
February 24, 2024

Greetings:

The Sheldon Noon Kiwanis Club is pleased to announce our 31<sup>st</sup> Annual Boys Basketball Tournament. The tournament will be held on February 24, 2024. We thank you for considering participating in our event.

## **GUARANTEED GAMES:**

All teams will be guaranteed 3 games. The tournament will have 5<sup>th</sup> and 8<sup>th</sup> Grade teams participating in the morning session, and 6<sup>th</sup> and 7<sup>th</sup> in the afternoon session. You may use boys in a lower grade to complete your roster if you wish. For example, teams with players in the 5<sup>th</sup> grade may play in the 6<sup>th</sup> grade division.

**HOW TO REGISTER: Please return the attached registration form and roster along with your registration fee. We request that the form be filled out completely and returned with your payment to:**

Joel Gesink  
P.O. Box 248  
Sheldon, IA 51201  
712-348-0092



If you are unable to complete your roster now, send in the application form and entry fee ASAP in order to reserve your place in the tournament. **Registration will be limited to the first eight teams in each grade level.** Application and entry fee are necessary to guarantee your place in the bracket.

**REGISTRATION FEE:** \$125 per ten-player team with a \$4 fee for each additional player.

Sheldon Kiwanis will not be responsible for any injuries occurred on premises, or lost or stolen items. If tourney is cancelled because of weather, there will be a partial refund. Team refunds or cancellations made after the registration period has closed, will be subject to a cancellation fee.



**SHELDON BOYS BASKETBALL TOURNAMENT**  
**5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, & 8<sup>th</sup> GRADE BOYS**  
**February 24, 2024**

~~~~~ **OFFICIAL REGISTRATION** ~~~~~  
 I wish to enter the following team(s) in the Sheldon Boys Basketball Tournament

Team name: \_\_\_\_\_

Sponsored by: \_\_\_\_\_

Coaches name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Coaches telephone #: \_\_\_\_\_

Daytime: \_\_\_\_\_

Evenings: \_\_\_\_\_

E-mail address \_\_\_\_\_

Return entry materials to:  
 Joel Gesink  
 P.O. Box 248  
 Sheldon, IA 51201

Phone: 712-348-0092  
 email: sinks4@nethtc.net

Make checks payable to: **Sheldon Noon Kiwanis** (\$125 Registration Fee)

|    | <u>PLAYER NAME</u> | <u>JERSEY NUMBER</u> | <u>AGE</u> | <u>GRADE</u> |
|----|--------------------|----------------------|------------|--------------|
| 1  |                    |                      |            |              |
| 2  |                    |                      |            |              |
| 3  |                    |                      |            |              |
| 4  |                    |                      |            |              |
| 5  |                    |                      |            |              |
| 6  |                    |                      |            |              |
| 7  |                    |                      |            |              |
| 8  |                    |                      |            |              |
| 9  |                    |                      |            |              |
| 10 |                    |                      |            |              |
| 11 |                    |                      |            |              |
| 12 |                    |                      |            |              |
| 13 |                    |                      |            |              |
| 14 |                    |                      |            |              |

\_\_\_\_\_  
 Coach or Supervisor (21 or older)