

**MASON CITY SUNRISE ROTARY CLUB
5TH-8TH GRADE BOYS AND GIRLS BASKETBALL TOURNAMENT
NORTH IOWA AREA COMMUNITY COLLEGE GYNASIUM / RECREATION CENTER**

JANUARY 21, 2012

TEAM REGISTRATION

TEAM NAME _____

GRADE 5 6 7 8 BOYS _____ GIRLS _____

HEAD COACH _____

ADDRESS _____ CITY _____

HOME PHONE _____ WORK PHONE _____ CELL # _____

EMAIL ADDRESS _____

ASST COACH _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____ CELL # _____

EMAIL ADDRESS _____

Tournament Entry Fee: \$95.00 per team (\$120.00 after December 31st, 2011)

All entrants are guaranteed a minimum of two games

NOTES:

- A team registration form needs to be submitted, with payment, to reserve a spot in the tournament
- Payment must be **RECEIVED** on or before December 31st to be eligible for the reduced entry fee
- Team registrations may not be accepted after January 7, 2012
- Not later than the close of business on Tuesday, January 17th, the contact for each team will receive an email indicating the initial game time and opponent.
- Subsequent game times will be dependent upon wins/losses as play unfolds. Brackets will be posted online concurrent with email notification of team contacts.

REFUND POLICY:

- A full refund will be made if an age group or gender is cancelled due to lack of entrants
- A 50% refund will be made for cancellations prior to 12/23/11 (no refunds for team cancellations thereafter)
- No refunds will be made if the tournament is **rescheduled** due to inclement weather on 1/21/12 (snow date is 1/28/12)
- A 50% refund will be made if the tournament is not rescheduled following inclement weather on the make-up date of 1/28/12.

Note: Registration will run more smoothly if Roster/ Waiver is submitted prior to game day. If not submitted in advance, it **MUST** be provided at tournament check-in; teams will not be permitted to play until this paperwork is completed.

In submitting this registration, applicant acknowledges receipt and review of all tournament rules and policies.

Please mail this form along with your check by January 5th to:

John Last
324 29th Street SW
Mason City IA 50401

Email any questions to John at secretary@District5970.org or call him at 641-512-3845.

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TEAM ROSTER / PARENTAL WAIVER

TEAM NAME _____

GRADE 5 6 7 8 BOYS _____ GIRLS _____

HEAD COACH _____

We realize that sports involves contact and that insurance is our (parent and athlete's) responsibility. MY SON OR DAUGHTER HAS PERMISSION TO ATTEND THE MASON CITY SUNRISE ROTARY BASKETBALL TOURNAMENT. I HEREBY RELEASE THE TOURNAMENT COORDINATORS, MANAGERS, ANY OFFICIALS, OR NIACC FROM ALL CLAIMS DUE TO INJURIES SUSTAINED BY MY SON OR DAUGHTER DURING THE TOURNAMENT.

ROSTER OF PLAYERS

UNIFORM No.	NAME (Print LEGIBLY)	PARENT/GUARDIAN SIGNITURE & DATE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____

Please mail this form by January 5th to:
(or provide when checking in on game day)

John Last
324 29th Street SW
Mason City IA 50401

Teams will not be allowed to play until this form has been received by tournament coordinators.

Email any questions to John at secretary@District5970.org call him at 641-512-3845.