LADY GATORS SPRING FLING

April 10-11, 2010

REGISTRATION FORM

Circle Age/Grade: **10U/5th** **11U/6th** **12U/7th** **13U/8th** **14U/9th** **15U/10th** **16U/11th** **17U/Open**

Circle Division: **A** **B**

Team Name: _____

Coach/Contact: _____

Phone: **( )** _____ **( )** _____ **( )** _____
Home Work Cell

Address: _____
Street City State Zip

Email: _____

Est. Distance to Travel: _____ **miles**

Hotel Reservations at: _____ **Fri.** ☐ **Sat.** ☐

ALL Teams MUST also email a typed roster on form provided on web site (per NEAAU Sanctioned Tournament Policy)

Registration, Roster, and Entry Fee Must be Received by: **April 2, 2010**

Make Check or Money Order Payable to: **Lady Gators Basketball**

Send this form and **$400** to:

Leo Maloney, Tournament Director
5 Nottingham Way
Stoneham, MA 02180
email: leojmaloney@yahoo.com phone: (781) 438-6163

Refund Policy: Teams that must cancel for any reason are handled in the following manner. If notice is given 15 days prior to the tournament date the team can request a full refund or can choose to apply the tournament fee toward a future tournament. If notice is given less than 15 days prior to the tournament date, the team shall forfeit their entry fee unless a replacement team can be found. If a replacement team is found, the canceling team is responsible for paying the difference of the tournament fee, if a discount has to be given in order to secure a replacement team.

Every effort will be made to ensure that the guaranteed number of games is played. However, the tournament organizers cannot be responsible for forfeits due to the negligence of another team. Forfeited games (if any) count in satisfying the requirement for the guaranteed games for the tournament. Teams are not refunded for any games forfeited. Please note that game cancellations are rare.

_____ I have read the Lady Gators Tournament Refund Policy and Early Departure Penalty and accept the terms and conditions as stated.
Coach/Contact

For Tournament Registration Only: Payment Rec'vd _____ Date: _____Check# _____