Presented in Part By

Meyer Dana orthodontics

30th Annual Queen City Basketball Classic Entry Form

March 22-24, 2019 • Spearfish, SD

Team Name:

Coach's Name:

Address:
City: **State:** **Zip:**

Cell Ph: **Email:**

Scorer's or Timer's Name:

Division: (Check One)
Girls: ☐4th ☐5th ☐6th ☐7th ☐8th ☐9th ☐10th-11th
Boys: ☐4th ☐5th ☐6th ☐7th ☐8th ☐9th ☐10th-11th

Team Ranking

☐1 ☐2 ☐3 ☐4 ☐6 ☐7 ☐8 ☐9 ☐10
weak strong

TEAM ROSTER: Name and Grade

1.	**7.**	
2.	**8.**	
3.	**9.**	
4.	**10.**	
5.	**11.**	**$5 Extra**
6.	**12.**	**$5 Extra**

We, the team, assume full responsibility for the players' medical expenses and well being and waive all rights against the Queen City Classic and the Spartan Booster Club and all others associated with this tournament from all claims caused by injuries which may be sustained by our people who are participating in this tournament.
I understand all conditions and verify that the above information is correct.

Signature of Coach
Or Representative:_____

Mail To: Mark Gould, Spearfish Booster Club, PO Box 853, Spearfish, SD 57783

Make checks for $190 (for 10-player roster) payable to the Spearfish Booster Club and submit with registration form. *Add $5/player above 10 with a maximum of 12 players. Tournament is limited to 160 teams. Form and payment must be postmarked by March 1, 2019,* ***and*** *team must be one of the first 160 teams to register to be included in the tournament.*