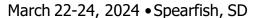
## **34th Annual Queen City Basketball Classic Entry Form**



Signature of Coach or Representative:



the

Team Name:			
Coach's Name	:		
Address:			
City:	State:	Zip:	
Cell Ph:	Email:		
Scorer's or Ti	mer's Name:		
Division: (Check One)	Girls: $\Box 4^{Th} \Box 5^{th} \Box 6^{th}$ Boys: $\Box 4^{th} \Box 5^{th} \Box 6^{th}$	□7 <sup>th</sup> □8 <sup>th</sup> □9 <sup>th</sup> □	□ 10 <sup>th</sup> -11 <sup>th</sup> □ 10 <sup>th</sup> -11 <sup>th</sup>
Team Ranking	l	All parents/guardia	ns MUST SIGN the roster for a player
<b>123</b>	<b>□4 □6 □7 □8 □</b> 9	signature, I hereby release associated with this even	s a parent/guardian of a participating child, by m se Queen City Classic, its coaches, and all those it from any liability for injuries or related illnesse aid child while participating in this event.
TEAM ROSTER	: Name and Grade		Parent Signatures:
1.	<b>7.</b>		1.
	2-		2.
2.	8.		3.
			4.
3.	9.		5.
			6.
4.	10.		7.
••			8.
5.	11.	\$5 Extra	9.
			10.
6.	12.	\$5 Extra	11.
			12.
Spearfish Spartan Athle	full responsibility for the players' medical etic Booster Club and all others associated rticipating in this tournament. I understand	with this tournament from all claims of	caused by injuries which may be sustained

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

Make checks for \$220 (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, 2024, and team must be one of the first 160 teams to register to be included in the tournament.

**Tournament Cancellation Policy:** 25% of the entry fee will be retained in the event that a team drops out after the registration deadline or if the tournament is canceled due to inclement weather, COVID-19, or any other situation.