

Presented in Part By

# 35th Annual Queen City Basketball Classic Entry Form

March 28-30, 2025 • Spearfish, SD



**Team Name:**

**Coach's Name:**

**Address:**

**City:**

**State:**

**Zip:**

**Cell Ph:**

**Email:**

**Scorer's or Timer's Name:**

**Division: (Check One)**    **Girls:**  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>-11<sup>th</sup>  
**Boys:**  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>-11<sup>th</sup>

## Team Ranking

1    2    3    4    6    7    8    9    10  
weak strong

**All parents/guardians MUST SIGN the roster for a player liability release.** | As a parent/guardian of a participating child, by my signature, I hereby release Queen City Classic, its coaches, and all those associated with this event from any liability for injuries or related illnesses which may occur to the said child while participating in this event.

## TEAM ROSTER: Name and Grade

|           |            | <b>Parent Signatures:</b> |
|-----------|------------|---------------------------|
| <b>1.</b> | <b>7.</b>  | <b>1.</b>                 |
| <b>2.</b> | <b>8.</b>  | <b>2.</b>                 |
| <b>3.</b> | <b>9.</b>  | <b>3.</b>                 |
| <b>4.</b> | <b>10.</b> | <b>4.</b>                 |
| <b>5.</b> | <b>11.</b> | <b>5.</b>                 |
| <b>6.</b> | <b>12.</b> | <b>6.</b>                 |
|           |            | <b>7.</b>                 |
|           |            | <b>8.</b>                 |
|           |            | <b>9.</b>                 |
|           |            | <b>10.</b>                |
|           |            | <b>11.</b>                |
|           |            | <b>12.</b>                |

**\$5 Extra**  
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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 Spearfish Spartan Athletic 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 \$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 7, 2025,** 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 or any other situation.

YOU CAN NOW REGISTER AND PAY ONLINE! Go to <https://spearfishboosterclub.com/qcc-online-registration/>