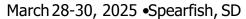
## **35th Annual Queen City Basketball Classic Entry Form**



Signature of Coach or Representative:



Team Name:			
Coach's Name	<b>:</b>		
Address:			
City:	State:	Zip:	
Cell Ph:	Email:		
Scorer's or Ti	mer's Name:		
Division: (Check One)	Girls: $4^{\text{Th}}$ $5^{\text{th}}$ $6^{\text{th}}$ Boys: $4^{\text{th}}$ $5^{\text{th}}$ $6^{\text{th}}$	□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		liability release.   As signature, I hereby release associated with this event	ns MUST SIGN the roster for a player a parent/guardian of a participating child, by my se Queen City Classic, its coaches, and all those t from any liability for injuries or related illnesses aid child while participating in this event.
TEAM ROSTER	R: Name and Grade		Parent Signatures:
1.	7.		1. 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		with this tournament from all claims of	rights against the Queen City Classic and the caused by injuries which may be sustained by

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.