

# **GYM RATZ "HOUSE JAM" TOURNAMENT REGISTRATION**

House Jam I    Club Team Name \_\_\_\_\_  
 House Jam II    Age Level (Division) \_\_\_\_\_  
 House Jam III    Level of play                    A    /    B \_\_\_\_\_

	CLUB NUMBER (if available)
TEAM ADDRESS	E-MAIL ADDRESS
HEAD COACH	PHONE NUMBER
ASS'T COACH	PHONE NUMBER
TEAM SPOKESMAN	TEAM FAX NUMBER

PLAYER NAME	DATE OF BIRTH	GRADE	JERSEY #	E-Mail Address
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

PLEASE FILL OUT TEAM ROSTER FORM COMPLETELY

**PLEASE MAIL OR FAX TEAM ROSTER WITH ENTRY FEES IN FULL**  
**HOOP STARZ WEBSITE: [www.hoopstarznj.com](http://www.hoopstarznj.com)**

PLEASE RETURN TO:    HOOP STARZ BASKETBALL TOURNAMENTS  
 PO BOX 191  
 ENGLEWOOD, NEW JERSEY 07631  
 Phone# (201) 327-3407    fax: (201) 327-3346

