## Kai Paul Hrabovsky Memorial 3 vs 3 Basketball Tournament

## Registration Form & Waiver Saturday, May 18<sup>th</sup>, 2019 \$40/team Registration Fee

\$30/team if registered by April 18<sup>th</sup> – register early, space may be limited All Proceeds Fund the Kai Paul Hrabovsky Memorial Scholarship

CFA is a 501(c)(3) nonprofit organization and contributions are tax deductible to the fullest extent permitted by law. CFA registration and financial information are available from PA Dept. of State by calling 1-800-732-0999. Registration does not imply endorsement.

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Team Name:							
Team Captain Name:							
Captain's Address:							
Captain's Phone:			Captain's Email:				
Roster (inclu	de captain	ı) – designate at I	least three team me	embers; on	e alternate	permitted	
Name		Phone		Grade	Age	Gender	T Shirt Size*
		*T-Shirt sizes available are YM, YL, S, M, L, XL, XXL					
Age Divisions (circle one):		4 <sup>th</sup> -6 <sup>th</sup> grad	e 7 <sup>th</sup> -9 <sup>th</sup> grade	10 <sup>th</sup> -1	.2 <sup>th</sup> grade	18 & old	er
Each division will	have a m	en's and women	's bracket, provided	sufficient	number of	teams regist	er
OR check here to play in th							
One bracket, ages 10 <sup>th</sup> grade & c						CION TIN	CIA/AII/ED
hereby relieve the Homer Hrabovsky, and all tournan taken while participating in I agree	nent spon	sors of any and a nament and said	all liability. Further	more, I cor I to promo	sent to my	picture and and future to	l video being
Player's Signature:					Date:		
Parent/Guardian Signature:					Date:		
Player's Signature:					Date:		
Parent/Guardian Signature:					Date:		
Player's Signature:					Date:		
Parent/Guardian Signature:					Date:		
Player's Signature:					Date:		
Parent/Guardian Signature:					Date:		
Completed registration	on form	and waiver w	ith your check n	eeds to k	e receive	ed <mark>by May</mark>	6 <sup>th</sup> , 2019
Forms and payment can be do Jennifer Ponish, 38 Cooper Av			_	rs. Cavalier	or mailed	to:	
Checks should be payable to Registration fees are 501(c)3	_	-	deductible Check b	nere if rece	int is neede	vd □	
	- 5	and and take			cac		