

Greek Orthodox Metropolis of Chicago-Western Region Family Basketball  
Tournament

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Team Registration Form

**Deadline is January 1<sup>st</sup>, 2012**

Name of Parish \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Team Division:** Men's YAL Women's YAL Boys GOYA Girls GOYA  
JOY co-ed team (ages 7-12, **Team fee \$100**)

Name of Coach(es): \_\_\_\_\_

Coach's Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zipcode \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Team Roster**

**(Please print clearly!!)**

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
1. _____		8. _____	
2. _____		9. _____	
3. _____		10. _____	
4. _____		11. _____	
5. _____		12. _____	
6. _____		13. _____	
7. _____		14. _____	

**Clergy Approval:** As the parish priest of the above community: I acknowledge that all the players on this roster are Chrismated or Baptized Orthodox Christians and, if over 18, are members in good standing of our parish.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit this form to the above address with your team registration check of **\$225.00** made out to **Western Region Family Basketball Tournament**. **Please mail to address above.**