

Greek Orthodox Metropolis of Chicago-Western Region Family Basketball
Tournament

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Team Registration Form

Deadline is January 1st, 2011

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.**