

Team Coach Name _____ Assist Coach Name _____

Address _____ Address _____

City _____ St _____ Zip _____

Phone _____ Phone _____

Cell _____ Cell _____

E-mail _____

Team Name _____
Team Level 1 2 3 4 5 6 7 8 9 10

Boys or Girls (circle one)
(10 being the highest)

	Name	Uniform#	Grade
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Tournament Contacts
Steve Hunt
307-347-8616
307-347-3445 Fax
www.worlandcommunitycentercomplex.com

These grades are certified correct. I give permission on behalf of the players and their parent for the above named individuals to play in the Pepsi-Cola Basketball Challenge. I understand that the Pepsi-Cola facilitators and the game facilities have no responsibility on behalf of the players; medical expenses.

Each player on my team carries their own accident/health insurance.
(Players parent's signatures may be obtained in lieu of coach's signature.)

Coach's Signature: _____ Date _____