



**Worland Community Center Complex  
5th Annual Pepsi Challenge Tournament  
January 30<sup>th</sup>, 31<sup>th</sup> 2010 Worland WY**

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          

Name

Uniform#

Grade

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

Tournament Contacts

1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Steve Hunt  
Worland Community Center Complex  
1200 Culbertson Ave. Worland, WY  
82401  
307-347-8616  
307-347-3445 Fax  
[www.worlandcommunitycentercomplex.com](http://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 Worland Invitational Basketball

Tournament. I understand that the Tournament 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 \_\_\_\_\_