MPS Adaptive Athletics
Team Basketball Tournament Entry Form
(Make as many copies as you need- 1 per team)

School:_____ **Coach:**_____

Team Name:_____

Team Level: **1** **2** **3** **4** **5** **6** **7** **8** **9** **10**
Highest **Lowest**

Team Information:

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

Return to Annie McGinnity/ Recreation-OASIS or fax to 647-6079 by the entry deadline date.