CHICAGO SHOOTOUT
2009 Registration Form

Please complete an entry form for each team you enter. For more information, visit the official tournament site (www.indianaelite.com)

TEAM INFORMATION

Team Name:_____ Grade Level:____ Division:_____ (A or B) Boys or Girls:_____

Head Coach:_____ Coach Email:_____

Address:_____

City:_____ State:_____ Zip:_____

Home Phone:_____ Cell Phone:_____

Can you play Friday night?_____

ROSTER

#	Name	Address	City, ST	DOB	Home Phone	School	Grade

PAYMENT

Tournament entries will not be accepted unless accompanied by full payment of $350. Please make checks payable to 'Chicago Shootout' and send to following address: (DEADLINE May 11th, 2009)

CHICAGO SHOOTOUT
Attn: Michael Fox
12415 Hurlock Dr.
Fishers, IN 46037
Or PAYPAL to email
Email; mdfox3@yahoo.com Cell: 317-709-2622

Or pay by credit Card:
Type: VISA, MC, DISCOVER
Number:_____
EXP DATE:_____
Card ID number on back (last 3)_____

Office Use Only: Date Received:_____ Payment Type & Number :_____ Amount:_____