Crusader Basketball Tournament

2012 Registration Form

City: _____

School Name: _____

School Address: _____

School Phone Number: _____

Team Name (Mascot): _____

Boy, Girl, or Coed: _____

Head Coach: _____**Phone:**_____**Text Yes**___**No**
Email:_____

Assistant Coach: _____**Phone:**_____ **Text Yes**___**No**___
Email:_____

Team Information:

Player Name	Grade	Jersey Number