

JACKSONVILLE MEN'S MASTERS BASKETBALL NATIONAL CHAMPIONSHIP 2012



Please Make a Copy of Form For Each Player Participating
Please Print Clearly That Information May Be Recorded Correctly.

Team Names & Age Division:

First Name:

Last Name:

Street Address:

City:

State:

Zip

Basketball Experience:

Photo I.D.

Birthday Month/Day/Year:

Height:

Home Phone:

Cell Phone:

Work Phone:

Fax:

Email:

Hotel:

Hotel City/Location:

Hotel Phone:

PRIVACY NOTICE: We are committed to protecting the personal information entrusted to us. We do not sell any information obtained to any third party. The information is used solely for the purpose of the conducting and promoting of this tournament; for the use to notify past participants of the tournament dates; and for tournament staff and coaches to use the information for organizational purposes. The hotel information is used to contact participants in an emergency, to provide participants notice of change in the tournament schedule, and to obtain grant funding from local agencies.