



TEAM REGISTRATION FORM

TEAM NAME _____

Players (please print names)

T-shirt Size

1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____

REGISTRATION DEADLINE IS APRIL 1, 2009

Please return your completed form to Tournament Director Misty Thomas at mpt@shaw.ca or you can fax a completed form to BC Wheelchair Basketball by April 1st, 2009.

A minimum of \$1,000 in donations for team entry can be brought to the Hoopfest event payable to:

BC Wheelchair Basketball Society
#210-3820 Cessna Drive, Richmond, BC V7B 0A2
Tel: 604-333-3530 Fax: 604-333-3450
Email: info@bcwbs.ca

