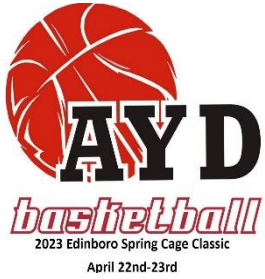


2023 EDINBORO SPRING CAGE CLASSIC REGISTRATION FORM



Team Name: _____

Grade/Division: _____ BOYS or GIRLS (Circle one)

PLEASE SEND THIS FORM
AND CHECK TO:
Terry Thompson
1110 Lawrence Court
Girard, PA 16417
(814) 572-4746

Head Coach: _____ Phone: _____ Fax: _____ E-Mail _____

Address: _____ City/state _____ Zip: _____

I hereby certify that all information above is correct and in all consideration of participating in this or any Achieve Your Dreams Basketball event, that I assume full responsibility for all players listed below and that they agree not to hold responsible Edinboro University, Achieve Your Dreams Basketball, its members, coaches, or other associates on account of any injury or loss or damage suffered as a result of a player participating in this or any Achieve Your Dreams event, including but not limited to games, practices or travel to and from these activities.

Coaches Signature _____ Date _____

PLEASE PRINT ALL INFORMATION

#	JERSEY #	NAME	GRADE	ADDRESS	CITY/STATE	ZIP	BIRTH DATE
1							
2							
3							
4							
5							
6							
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