CAROLINA STARS INVITATIONAL

MAY 21-22, 2016

High Point – Greensboro – Winston-Salem, NC

[www.carolinastarsbasketball.com](http://www.carolinastarsbasketball.com)

Boys & Girls Grades 2nd-12th

Team Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2016 Grade\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_

Team Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (State) \_\_\_\_\_\_\_\_ (Zip) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Contact Person Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Contact Person Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Head Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Head Coach Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Head Coach Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Each team will receive a three-game guarantee. Please return this form with a check for $150.00 (2nd-8th) / $165 (9th-12th) made payable to: Carolina Stars Basketball (Deadline is MAY 17th for Entry Form and Payment)

Carolina Stars Basketball PO Box 2742 High Point, NC 27261-2742 By signing this form, I, as team representative for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Team Name), agree not to hold the Carolina Stars Basketball Program, either staff or volunteers of our program, the tournament volunteers, the hosting facility or its’ staff liable for any injury or illness that comes from involvement in this tournament.

Signature of Team Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_

Printed Name of Team Rep. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Team Roster Certification

Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_ Boys/Girls: \_\_\_\_\_\_\_\_

Uniform # / Players Name Players Grade / Age / DOB

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Coach's Certification I certify that the names, grades, and birthdates provided on this attached form for my Team is accurate and that I can provide age verification by report card and/or birth certificates if so required by the Carolina Stars Basketball Staff. Please Have Players Grade Report Cards/Grade Exceptions Forms and Birth Certificate Handy Throughout Tournament Event. Head Coach Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_