



March 28th 2015

7th-8thth Grade Boys

JustAgame Fieldhouse - Downtown Wisconsin Dells

3 Game Minimum


\$170 Entry Fee

Large and Small school divisions for each age group

WBCA State Tournament Trophy for Divison Champions



200 LaCrosse Street Wisconsin Dells, WI 53965
phone 608-253-6787 fax 608-253-6050 email info@justagamefieldhouse.com
www.justagamefieldhouse.com

March 28th
WBCA Hall of Fame
Shootout
Endorsed by: 
7th-8th Grade Boys

School Teams Only!

DOWNTOWN WISCONSIN DELLS

Registration is also available online at justagamefieldhouse.com on the event page

ABSOLUTE ENTRY DEADLINE IS March 24th @ 11:00am! or until filled

Team Name _____
Address _____
City _____ **State** _____ **Zip** _____
Coach _____
Home Phone _____
Cell Phone _____
Email: _____
Ass't Coach _____
Home Phone _____
Email: _____

- 3 game minimum
- Two 19 minute halves running clock
- Large & Small school divisions for each age group
- 3 Timeouts per game
- Must provide a qualified person to keep score or time.
- One scorekeeper and two coaches will be admitted free
- **No refunds will be issued if schedule is already released**
- **Entry is not guaranteed until payment is received**
- ***Teams will be emailed 2 weeks prior to submit their season record***

TEAM INFO

Circle Gender and Grade

Gender: Boys
Grade: 7th 8th
High School Enrollment: _____

TEAM ENTRY FEE

\$170

IS DUE WITH THE MAILING OF THIS FORM
THIS ENTRY FORM MUST BE RETURNED
WITH PAYMENT NO LATER THAN March 24th
or until filled

CHECK 1 DAY PRIOR FOR SCHEDULE CHANGES

**Schedule will be posted @ justagamefieldhouse.com
4 days prior to event only!**

FREE Waterpark passes to MT. Olympus for each participant

Make Checks Payable To: Justagame Fieldhouse And Mail Entries To: Justagame Fieldhouse 200 La Crosse St. Wisconsin Dells, WI. 53965

Any questions, please call Office (608) 253-6787 Fax (608) 253-6050 Visit our website: Justagamefieldhouse.com

Check Enclosed _____ MasterCard _____ Visa Card # _____ Exp. Date _____ V-Code _____

Complete Address of Cardholder _____

In signing, I, my heirs, executors and administrators, intending to be legally bound hereby waive and release any and all rights against Wisconsin Dells JustAgame Fieldhouse, host organizations, and representatives from any and all injuries suffered by the coaches and/or players at the specified event.

In signing, I give permission to JustAgame Fieldhouse to release contact information to businesses for the sole purpose of providing opportunities to teams that participate in our events.

Signature _____