



Presented By:



Registration Form

All Tournament Dates Will Cost \$225.00

Team: _____

Home Phone: _____

Head Coach: _____

Email Address: _____

Mailing Address: _____

Cell Phone: _____

City: _____

State _____

Zip _____

Divisions: 5th – 6th Open Boys 7th - 8th A/B Boys
5th – 6th Open Girls 7th – 8th A/B Girls

Grade Level: _____

Gender: _____

Division: **A / B**
(7th and 8th only)

Choose a Date Here:

____ November 21st – 22nd

____ January 9th – 10th

____ January 16th – 17th

____ February 13th - 14th

____ March 13th – 14th

of Coaches Passes Needed: _____

of Player Passes Needed: _____

Full registration fee and prepaid pass fee are due at time of registration. Make checks payable to:
Sisters Park and Recreation District
PO Box 2215
Sisters, OR 97759

For questions please contact Tournament Directors

Shalee Hanks
549-2091 or 541-633-8220
Shalee@sistersrecreation.com

Randy Burdick
541- 419-9225
rmmaint@outlawnet.com

