2017 Cactus Classic

PRESENTED BY SWIFT Charities

Amputee 3 on 3 StandUp Tournament

Team Registration Form

Print out and mail this completed form & money to:
Ability360 Sports & Fitness Center
Attn: Nick Pryor
5031 E. Washington St.
Phoenix, AZ 85034
Or call Nick Pryor **at: 480-404-2679**

TEAM NAME: _____

SPORTMANSHIP PLEDGE

By completing this form, all players accept responsibility for their conduct at the Stand Up Amputee 3 on 3 Basketball Tournament. The event reserves the right to disqualify and eject any individuals and/or teams that behave in an unsportsmanlike manner.

TEAM ROSTER

TEAM CAPTAIN

First Name: _____ **Age:** _____
Last Name: _____ **Height:** _____
Shirt Size: S ☐ M ☐ L ☐ XL ☐ YM ☐ YL ☐
Phone: _____ **Email:** _____

PLAYER 2

First Name: _____ **Age:** _____
Last Name: _____ **Height:** _____
Shirt Size: S ☐ M ☐ L ☐ XL ☐ YM ☐ YL ☐

PLAYER 3

First Name: _____ **Age:** _____
Last Name: _____ **Height:** _____
Shirt Size: S ☐ M ☐ L ☐ XL ☐ YM ☐ YL ☐
Phone: _____ **Email:** _____

PLAYER 4 (OPTIONAL)

First Name: _____ **Age:** _____
Last Name: _____ **Height:** _____
Shirt Size: S ☐ M ☐ L ☐ XL ☐ YM ☐ YL ☐

REGISTRATION FEES / PAYMENT

3 Player Team Fee: **$100** per team
4 Player Team Fee: **$125**
1 Individual Fee (free agent): **$25**
Check ☐ Cash ☐

Please make checks payable to: Ability360
Registration ends **Friday, May 27th**

Nick Pryor
480-404-2679
nickp@ability360.org

Gus LaZear
602-386-4280
gus@ability360.org

David Banks
480-526-5400
gogobanks@gmail.com