

www.nbthoops.com

NATIONAL BASKETBALL TOURNAMENTS

Milwaukee, Wisconsin REGISTRATION FORM

Divisions of Play:								
BOYS								
☐ 3rd Grade 9-Under								
☐ 4th Grade 10-Under								
☐ 5th Grade 11-Under								
☐ 6th Grade 12-Under								
☐ 7th Grade 13-Under								
☐ 8th Grade 14-Under								
☐ 9th Grade 15-Under								
☐ 10th Grade 16-Under								
☐ 11th/12th Grade 17/18-Under								
Host: NBT								
Off.: (414) 539-6681, Cell: (262) 247-5696								
E-mail: nbthoops1@gmail.com, nbthoops@gmail.com								

Website: www.nbthoops.com

PLEASE CHECK								
SPRING JAM BOYS		April 14-15, 2018						
MAY CLASSIC JAM BOYS		May 19-20, 2018						
SUMMER JAM BOYS		June 30, July 1, 2018						
SUMMER MADNESS BOYS (NCAA CERTIFIED)		July 19-22, 2018						

NBT (NATIONAL BASKETBALL TOURNAMENTS)

NATIONAL BASKETBALL TOURNAMENTS (NBT) ENTRY FORM

(Register via online regular mail, e-mail, phone, or fax)

TEAM NAME:	DIVISION(S):							
Head Coach:	Ema	l:						
Address:	Ci	y:	_ State:	Zip:				
Phone: (cell)	(Home)	(Work):	Fax: _					
Assistant Coach:	Er	nail:	Phone: _					
Contact Person:	Email:							
Phone: (cell)	(Home)	(Work):	Fax:					
Signature: Date:								
Please note that your team is not confirmed in the tournament until full payment is received.								
NO REFUNDS WILL BE ISSUED IF YOU CANCEL REGISTRATION.								



www.nbthoops.com

PAYMENT

Registration Deadline: Please Check Online (NO REFUNDS WILL BE ISSUED IF YOU CANCEL REGISTRATION)

Methods of Payment: Cash Certified Check Money Order Regular Check-Credit Card (Note: Checks/Money Orders made payable to NBTHOOPS) Please note NBT office should receive personal/club/business Checks one week before the deadline NSF Personal/club/business Check will be charged additional \$ 50 processing fee

CREDIT CARD INFORMATION (circle one):

For online Payment please visit www.nbthoops.com and pay at Team registry

M/C **VISA AMEX DISCOVER**

FEES

(U 9 - U 14)

\$325 SINGLE TEAM \$300 MULTIPLE TEAM

(U 15 - U 18)

\$350 SINGLE TEAM \$325 MULTIPLE TEAM

Card No			_			
	3/4 Digit Security Code (see last 3/4 digits on back of card):					
Name on Card:		Amount Due: \$				
Billing Address:			_			
City:	State:	Zip Code:				
Card Holder Phone:	Card Holder Signa	ture:	_			
(NO REFUNDS WILL BE IS	SSUED IF YOU CANCEL REGISTRATION)					
www.nbthoops.com	Club Discount Code:					

IN PERSON: Call (262) 247-5696 for details (All Scaned entries must include credit card Payment information and signature) BY MAIL:

Send registration with appropriate fee(s): **NBT HOOPS**

4392, S. Kansas Avenue, St. Francis WI 53235



NATIONAL BASKETBALL TOURNAMENTS (NBT) ENTRY FORM Name of Tournament Date								The state of the s	Team Name:	me :			
Jersery	# Full Name	Class	нт	WT	POS	D.O.B.	School	Home Address	City	State	Zip	Phone #	
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NOTE: IF YOU PREFER TO EMAIL YOUR TOURNAMENT ROSTER PLEASE MAKE SURE IT INCLUDES ALL OF THE INFORMATION REQUESTED ABOVE AND

SEND TO: nbthoops@gmail.com