



TOURNAMENT ENTRY FORM

PLEASE PRINT

Tournament Name: _____

Tournament Date _____

Tournament Location: City _____ St. _____

Team/Club Name: _____ Age Division _____

USBA Membership #: _____ Boys _____ Girls _____

Coach's Name: _____

Coach's Phone: (Please include area code)

(h) _____ (w) _____ (c) _____

Coach's Address: _____

City _____ St. _____ Zip _____

Fax: _____ E-Mail _____

Coach's Signature

If you are registering by postal mail, please send this completed form along with entry fee in the form of cashiers check or money order. The MEMBERSHIP FORM and TOURNAMENT ENTRY FORM along with fees can be sent at the same time. If you are registering for a tournament, it must be received by the deadline (NO EXCEPTIONS) for that particular tournament. Deadlines can be found at www.usbahoops.com.

****If you register online with a credit card, this form does NOT need to be completed****

United States Basketball Association

2275 Captain Waring Ct.

Mt. Pleasant, SC 29466

Phone: (704) 649-6812 Fax: (704)-624-3151