



MORE THAN A GAME REC. TOURNAMENT

APRIL 24-26, 2015

Miami, FL

Team Name _____	Address _____
Registration # _____	Address _____
Coach _____	City _____ Zip _____
Home Phone _____	Cell Phone _____
Work Phone _____	Email _____

Please circle one: Boys Girls

Please circle the AGE DIV that your team is entering

7U
9U
11U
13U
16 U

Note: Divisions may be combined if there are not a minimum of 4 teams per division or grade.

3 Game Guarantee

For additional information please feel free to contact us:

Make checks payable to:
CBF Sports Management

Mail Entries to:
CBF Sports Management
7400 SW 69 Terr.
Miami, FL 33143

Benny Fragela
7400 SW 69 Terr.
Miami, FL 33143
786-853-0315
benny@cbfsportsmgmt.com

This form must be completed and returned by:

APRIL 4th

\$335 Entry fee is required with the mailing of this form

___Check ___Money Order

The tournament schedule will be available on our webpage @ www.flahoops.org



Florida State Office
(813) 991-6445
contact_us@flahoops.org