PRINT CLEARLY!

# *25thAnnual Helena SWISH Basketball Tournament*

### Saturday March 7th & Sunday March 8th, 2020

### *Brought to you by the Helena Area Chamber of Commerce*

ENTRY FORM DEADLINE - February 25th, 2020

\*\*\* You must clearly enter an email address.

 Scheduling and Bracketing information will be sent to you via email! \*\*\*

GRADE DIVISION BOYS/CO-ED or GIRLS Team Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEAM CONTACT: \_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_CELL #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Coaches Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COACH SIGNATURE: \_\_ \_\_\_DATE: \_\_\_\_\_\_\_\_

 *PERSON SIGNING THIS FORM WILL ASSUME RESPONSIBILITY FOR TEAM UNLESS OTHERWISE INDICATED.*

*I hereby release the Helena Area Chamber of Commerce and its volunteers from all claims on account of injuries which may be sustained by us/me and/or our/my child while attending the 2020 Helena Chamber of Commerce Youth Swish Basketball Tournament, and I agree to indemnify the Helena Chamber of Commerce and its volunteers from any claim which may hereafter be presented by my child as a result of such injury or illness. Mixed gender teams will automatically be bracketed in the Boys/Co-ed Division. Participants may only play on one team during the SWISH Tournament.*

ROSTER: Teams must play in the Division of the highest grade level of participants.

|  |  |  |  |
| --- | --- | --- | --- |
| Player’s Name | Grade | Guardian Phone # | Gender (M or F) |
| 1. |  |  |  |
| **Parent or Guardian Signature:** |
| 2. |  |  |  |
| **Parent or Guardian Signature:** |
| 3. |  |  |  |
| **Parent or Guardian Signature:** |
| 4. |  |  |  |
| **Parent or Guardian Signature:** |
| 5. |  |  |  |
| **Parent or Guardian Signature:** |
| 6. |  |  |  |
| **Parent or Guardian Signature:** |
| 7. |  |  |  |
| **Parent or Guardian Signature:** |
| 8. |  |  |  |
| **Parent or Guardian Signature:** |
| 9. |  |  |  |
| **Parent or Guardian Signature:** |
| 10. |  |  |  |
| **Parent or Guardian Signature:** |

PLEASE RETURN: *\*THIS form must be signed by GUARDIAN 1 Week prior to the start of the Tournament\* \*$200 ENTRY FEE - Make checks Payable to the Helena Area Chamber of Commerce\**

*Credit Cards accepted - VISA, MC, DISC, or AMEX #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date:\_\_\_\_\_\_\_*

*Signature of Card Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*MAIL ENTRY FORM TO: SWISH TOURNEY \*\* 225 CRUSE AVE \*\* SUITE A \*\* HELENA, MT 59601*

*Or Fax to (406) 447-1532 (Call to confirm receipt),* or scan to mmergenthaler@helenachamber.com