GUS MACKER TOURNAMENT APPLICATION 1

Please use **ONLY** **capital letters and numerals on this form.**
Try to avoid having your letters and numbers touch the lines of the boxes.
Also, please fill in the bubbles completely to make your selection.

☐☐☐☐ *For Office Use Only*

○ **Requesting Top Division**
(Does not Guarantee Placement in Top Division)

TOURNAMENT CITY

TEAM NAME (25 Letters or less)

PLAYER 1 - CAPTAIN

FIRST NAME **AGE** ☐☐ *As of Tournament Date*

LAST NAME **BIRTH DATE** ☐☐–☐☐–☐☐ (MONTH – DAY – YEAR)

STREET **HEIGHT** ☐ FEET ☐☐ INCHES

CITY **STATE** ☐☐

PHONE ☐☐☐ – ☐☐☐ – ☐☐☐☐ **ZIP** ☐☐☐☐☐

E-MAIL _____ **GENDER** ○ Male ○ Female

- ○ No Experience
- ○ Grade School
- ○ AAU
- ○ Jr.High (6th-8th)
- ○ HS Freshman (9th)
- ○ HS Jr. Varsity
- ○ HS Varsity - Class A
- ○ HS Varsity - Class B
- ○ HS Varsity - Class C & D
- ○ College Intramural
- ○ Adult Rec. League
- ○ Jr/Comm/Tech College
- ○ Wheelchair
- ○ Small College (NAIA, NCAA, Div 2 or 3)
- ○ Major College (NCAA Div 1A or CIAU)
- ○ Semi-Professional
- ○ Professional
- ○ Special Divison

PLAYER 2

FIRST NAME **AGE** ☐☐ *As of Tournament Date*

LAST NAME **BIRTH DATE** ☐☐–☐☐–☐☐ (MONTH – DAY – YEAR)

STREET **HEIGHT** ☐ FEET ☐☐ INCHES

CITY **STATE** ☐☐

PHONE ☐☐☐ – ☐☐☐ – ☐☐☐☐ **ZIP** ☐☐☐☐☐

E-MAIL _____ **GENDER** ○ Male ○ Female

- ○ No Experience
- ○ Grade School
- ○ AAU
- ○ Jr.High (6th-8th)
- ○ HS Freshman (9th)
- ○ HS Jr. Varsity
- ○ HS Varsity - Class A
- ○ HS Varsity - Class B
- ○ HS Varsity - Class C & D
- ○ College Intramural
- ○ Adult Rec. League
- ○ Jr/Comm/Tech College
- ○ Wheelchair
- ○ Small College (NAIA, NCAA, Div 2 or 3)
- ○ Major College (NCAA Div 1A or CIAU)
- ○ Semi-Professional
- ○ Professional
- ○ Special Divison

PAYMENT DATA

PAYMENT METHOD ○ VISA ○ MASTER CARD ○ CHECK-ENCLOSED

$10.00 PROCESSING FEE WILL BE ADDED TO CREDIT CARD PAYMENT

NAME ON CARD

CREDIT CARD NUMBER ☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐ – ☐☐☐☐

CARDHOLDER BILLING ADDRESS: _____

CARDHOLDER PHONE NUMBER _____

CARDHOLDER E-MAIL _____

SIGNATURE
CARDHOLDER SIGNATURE (ACCEPTANCE OF TERMS)

EXPIRATION DATE ☐☐–☐☐ (MONTH – YEAR)

3-DIGITS SECURITY CODE
(FROM SIGNATURE STRIP) ☐☐☐

NOTICE: NO REFUNDS

GUS MACKER TOURNAMENT APPLICATION 2

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☐☐☐☐ *For Office Use Only*

PLAYER 3

FIRST NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **AGE** ☐☐ *As of Tournament Date*

LAST NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **BIRTH DATE** ☐☐ – ☐☐ – ☐☐ (MONTH – DAY – YEAR)

STREET ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **HEIGHT** ☐ **FEET** ☐☐ **INCHES**

CITY ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **STATE** ☐☐

PHONE ☐☐☐ – ☐☐☐ – ☐☐☐☐ **ZIP** ☐☐☐☐☐

E-MAIL _____ **GENDER** ○ Male ○ Female

EXPERIENCE (Please mark ALL that apply)

○ No Experience	○ HS Freshman (9th)	○ HS Varsity - Class C & D	○ Small College (NAIA, NCAA, Div 2 or 3)
○ Grade School	○ HS Jr. Varsity	○ College Intramural	○ Major College (NCAA Div 1A or CIAU)
○ AAU	○ HS Varsity - Class A	○ Adult Rec. League	○ Semi-Professional
○ Jr.High (6th-8th)	○ HS Varsity - Class B	○ Jr/Comm/Tech College	○ Professional
		○ Wheelchair	○ Special Division

PLAYER 4

FIRST NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **AGE** ☐☐ *As of Tournament Date*

LAST NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **BIRTH DATE** ☐☐ – ☐☐ – ☐☐ (MONTH – DAY – YEAR)

STREET ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **HEIGHT** ☐ **FEET** ☐☐ **INCHES**

CITY ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **STATE** ☐☐

PHONE ☐☐☐ – ☐☐☐ – ☐☐☐☐ **ZIP** ☐☐☐☐☐

E-MAIL _____ **GENDER** ○ Male ○ Female

EXPERIENCE (Please mark ALL that apply)

○ No Experience	○ HS Freshman (9th)	○ HS Varsity - Class C & D	○ Small College (NAIA, NCAA, Div 2 or 3)
○ Grade School	○ HS Jr. Varsity	○ College Intramural	○ Major College (NCAA Div 1A or CIAU)
○ AAU	○ HS Varsity - Class A	○ Adult Rec. League	○ Semi-Professional
○ Jr.High (6th-8th)	○ HS Varsity - Class B	○ Jr/Comm/Tech College	○ Professional
		○ Wheelchair	○ Special Division

PLAYERS SIGNATURES

I have read and understand this application and procedures, and agree that information about my team is correct.

PLAYER 1 _____ PLAYER 2 _____ PLAYER 3 _____ PLAYER 4 _____

GUS MACKER NATIONAL SPONSOR

Wilson.
MORE WIN.

NOTICE: NO REFUNDS

MAILING APPLICATION

Please detach & complete this entry form and return it with the Team Entry Fee to:

Gus Macker Basketball
107 E. Main St. - Suite 3
Belding, MI 48809