**2018**

**Linn 5th/6th Grade Basketball Tournaments**

![C:\Users\es3257\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\EFX464PK\basketball[1].jpg]()

**January 13 & 14 – 6th Grade Girls – Elementary School Gym**

**January 13 & 14 – 6th Grade Boys – High School Gym**

**January 20 & 21 – 5th Grade Girls – Elementary School Gym**

**January 20 & 21 – 5th Grade Boys – High School Gym**

**Note: All games will be played at the Linn R-II school complex, 2 miles east of Linn off Highway CC. Take Highway 50 east of Linn and turn south on CC. Coming from Linn you will see Linn State Tech College sitting on the left, CC will be the turn to the right as you head east. Address is 141 Wildcat Dr Linn MO 65051.**

**Tournament Contacts: Amanda Wolfe 573-619-2480 or** **thewolfes01@earthlink.net** **and Dana Monnette 573-619-4331 or monnettedana@gmail.com. Brackets will be released the week prior to the tournament weekend. Rosters must be submitted to tournament administration upon arrival.**

**Entry fee is $75.00. Make checks payable to the Linn Athletic Booster Club. Please mail payment to: Amanda Wolfe c/o Linn Basketball Tournaments 265 County Rd 303 Linn MO 65051.**

**There will be an admission fee of $2.00 for all adults and $1.00 for students – players and head coach will be free.**

**CONCESSIONS WILL BE SOLD – NO COOLERS!**

**Not responsible for accidents.**

**No money returned on cancellations within a week of the tournament.**

**Linn Basketball Tournament Registration Form**

**TEAM REGISTRATION $75 PER TEAM**

**Make checks payable to the Linn Athletic Booster Club. Please mail payment to: Amanda Wolfe c/o Linn Basketball Tournaments 265 County Rd 303 Linn MO 65051.**

**Division (circle one): 5th grade girls 6th grade girls**

 **5th grade boys 6th grade boys**

NAME OF COACH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF TEAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AGREEMENT**

In consideration of being permitted to utilize the facilities, services, and programs of the Linn R-II School, for any purpose including, but not limited to observation or use of facilities and equipment, or participation in any programs affiliated with the Linn R-II School, the undersigned for him/herself and any other personal representatives, executors and administrators, WAIVE, RELEASE,DISCHARGE, AND COVENENT NOT TO SUE the Linn R-II School or any of its affiliates for any and all injuries and other damages which he/she may suffer in connection with his/her participation in the program or any other activities.

**By signing below, I have fully read and understand the above Agreement.**

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| --- | --- | --- |
| **Participant Name, Please Print** | **Grade** | **Jersey Number** |
| 1. |  |  |
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| 10. |  |  |

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Amt. pd.\_\_\_\_\_\_\_\_\_\_\_ Coach Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_