

**Paris 5th & 6th Grade Basketball Tournament
January 25th thru January 28th, 2018**

Team Registration Form

5th _____ 6th _____ Girls _____ Boys _____
5th & 6th Combined _____

Team Name: _____

Coach Name: _____

Address: _____

City, State Zip: _____

Phone Numbers: _____

Email Address: _____

Assistant Coach Name: _____

Phone Numbers: _____

Number of Players: _____

Please return form by January 15th, 2018
Make check payable to the Paris Baseball Association

Please mail registration form to:
Tony Miller
339 W Locust Street
Paris, MO 65275