

**Location: Aspinall Ave. Hagåtña**  
**(Between Hagåtña Post Office & ADA Building)**  
**Date: March 26, 2016**  
**Showtime: 11:00am Gametime: 12:00pm**

\*Registration forms must be received before 8pm on March 24, 2016  
\*You can also obtain a registration form at [www.crownsguam.com/events](http://www.crownsguam.com/events)  
or at any of our flagship locations, **Crowns Guam** in Tumon Bay and/or  
**Clans Guam** in Hagåtña City.



**\$100 Per Team**  
**Maximum 4 Players**  
**+Includes Event Tank**  
**Payment Method: CASH ONLY**  
**\*ABSOLUTELY NO LATE REGISTRATIONS\***  
**\*RECOMMENDED TEAMS HAVE UNIFORMED TOPS\***

## Baller 1

By signing this form, I verify that I have read and understood the application procedures and agree that this information about me is correct.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_

FIBA REGISTERED Yes No

JERSEY SIZE S M L X XX XXX

\_\_\_\_\_  
Baller Signature

## Baller 3

By signing this form, I verify that I have read and understood the application procedures and agree that this information about me is correct.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_

FIBA REGISTERED Yes No

JERSEY SIZE S M L X XX XXX

\_\_\_\_\_  
Baller Signature

## Baller 2

By signing this form, I verify that I have read and understood the application procedures and agree that this information about me is correct.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_

FIBA REGISTERED Yes No

JERSEY SIZE S M L X XX XXX

\_\_\_\_\_  
Baller Signature

## Baller 4

By signing this form, I verify that I have read and understood the application procedures and agree that this information about me is correct.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_

FIBA REGISTERED Yes No

JERSEY SIZE S M L X XX XXX

\_\_\_\_\_  
Baller Signature

## TEAM INFORMATION

Team Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Team Captain: \_\_\_\_\_

Division: MEN WOMEN H.S BOYS

By signing this form, all players accept responsibility for their conduct at the championship. The event reserves the right to disqualify and eject any individuals and/or teams that behave in an unsportsmanlike manner. Players are also acknowledging that they are medically able to participate in the basketball event. They understand that there are risks which may include injury in this sport and agree to familiarize themselves with all equipment, facilities, rules and physical demands related to the activities undertaken. All players agree to Crowns Guam LLC and/or championship sponsors free from any liability and it respective officers, employees, members, volunteers, and sponsors. By signing this form, all players, heirs, executors and administrators waive and release and forever discharge any and all rights and claim for damages which could take place during the tournament. Furthermore, each player is acknowledging the particular hazard and potential danger involved in participation in the basketball championships.

**Event Coordinator: Andrew Borja**  
**(C) 671-727-7420**  
**(E) drewborja@gmail.com**