NBBA
NORTH BOYS BASKETBALL ASSOCIATION

TOURNAMENT REGISTRATION

Please select the event(s) you are registering for
December 6th &7th – $140

Organization:_____ Team Name:_____

Coach:_____ Assistant Coach: _____

Address:_____ City/State/Zip:_____

Home Phone:_____ Cell Phone:_____

E-mails: _____ _____

Gender: ☐Boys ☐Girls Grade(s): ☐3rd ☐4th ☐5th ☐6th ☐7th ☐8th
Competitive Level: ☐ Strong "A" ☐ Developing "B"
(Travel A, Feeder A , School A) (Travel B, Feeder B, School B)

If registering multiple teams, please complete for each team:
Gender: ☐Boys ☐Girls Grade(s): ☐3rd ☐4th ☐5th ☐6th ☐7th ☐8th
Competitive Level: ☐ Strong "A" ☐ Developing "B"
(Travel A, Feeder A , School A) (Travel B, Feeder B, School B)
Coaches name:_____ Email:_____

Gender: ☐Boys ☐Girls Grade(s): ☐3rd ☐4th ☐5th ☐6th ☐7th ☐8th
Competitive Level: ☐ Strong "A" ☐ Developing "B"
Coaches name:_____ Email:_____
(Travel A, Feeder A , School A) (Travel B, Feeder B, School B)

Gender: ☐Boys ☐Girls Grade(s): ☐3rd ☐4th ☐5th ☐6th ☐7th ☐8th
Competitive Level: ☐ Strong "A" ☐ Developing "B"
(Travel A, Feeder A , School A) (Travel B, Feeder B, School B)
Coaches name:_____ Email:_____

Gender: ☐Boys ☐Girls Grade(s): ☐3rd ☐4th ☐5th ☐6th ☐7th ☐8th
Competitive Level: ☐ Strong "A" ☐ Developing "B"
(Travel A, Feeder A , School A) (Travel B, Feeder B, School B)
Coaches name:_____ Email:_____

Comments_____
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Make checks payable to: **NBBA** and send registration to: Joe Ewen
2230 Scott Street, Davenport, IA 52803