



# Coral Springs Super Slam IX

March 12<sup>th</sup> – 14<sup>th</sup> 2010

Coral Springs, FL

Team Name _____	Address _____
Registration # _____	Address _____
Coach _____	City _____ Zip _____
Home Phone _____	Cell Phone _____
Work Phone _____	Email _____

Please circle one:                      Division II

Please circle one:                      Boys

Please circle the grade level that your team is entering

3 <sup>rd</sup> Grade	4 <sup>th</sup> Grade	5 <sup>th</sup> Grade
6 <sup>th</sup> Grade	7 <sup>th</sup> Grade	8 <sup>th</sup> Grade
9 <sup>th</sup> Grade	10 <sup>th</sup> Grade	11 <sup>th</sup> Grade

Note: Divisions may be combined if there are not a minimum of 4 teams per division or grade.

## 3 Game Guarantee

For additional information please feel free to contact us:

Make checks payable to:  
North Broward Youth Basketball

Mail Entries to:  
North Broward Youth Basketball  
6100 NW 60<sup>th</sup> Ave  
Parkland, FL 33067

Don Domino  
6100 NW 60<sup>th</sup> Ave  
Parkland, FL 33067  
954-341-8998  
Superslamhoops@aol.com

This form must be completed and returned by:

**March 2<sup>nd</sup> 2010**

\$325 Entry fee is required with the mailing of this form

\_\_Check                      \_\_Money Order

The tournament schedule will be available on our webpage @ [www.flahoops.org](http://www.flahoops.org)



Florida State office  
(813) 991-6445  
contact\_us@flahoops.org