



May Day Classic Basketball Tournament

May 6, 7, and 8, 2017

www.ohiosportsplus.com or (614)235-3606

Who: Girls (Grades 5 through 11th) and Boys (Grades 5th through 11th)

When: May 5, 6, and 7, 2017

Where: Denison University
Granville, Ohio

Cost: \$275/team
3 game guarantee

Applications Due: **Friday, April 21, 2017**(postmarked by this date)
Please make checks payable to **"Ohio Sports Plus"**

Send checks to:
Ohio Sports Plus
c/o Toni Roesch
853 S. Enfield Road
Columbus, OH 43209

Questions: Email kevin.tucker@charter.com
Call 614/456-9058 (Kevin Tucker cell phone)

To sign-up for the tournament, please send this portion of the application along with the TEAM ROSTER (also posted on the web site), with a check for \$275, made **payable to "Ohio Sports Plus"**

Team: _____ Grade: _____ Gender: _____

Team Name: _____

Head Coach: _____ Phone: _____

Cell Phone: _____

e-mail: _____

(primary form of contact, please make legible)

For Office Use Only

Date Rec'd: _____

Amount: _____

Check #: _____



Ohio Sports Plus Basketball Tournament

May Classic

Official Team Roster

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For Office Use Only

Date Rec'd: _____

Amount: _____

Check #: _____

Team Name: _____ Age Group: _____ Gender: _____ Tournament Dates: May 5, 6, & 7, 2017

Head Coach: _____ Contact email address (required): _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Day Phone: (____) _____ Evening Phone: (____) _____ Fax Number: (____) _____

Mail roster and checks to: Ohio Sports Plus, 853 Enfield Road, Columbus, OH 43209 Check No: _____ Amount: \$275

Please print clearly or attach a typed sheet with the following information

	PLAYER NAME		UNIFORM #	SCHOOL	AGE AS OF 1/1/17	STREET, CITY, STATE, ZIP	PHONE #
	LAST NAME	FIRST NAME					
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

I hereby certify that the members of the team named above meet the age requirements stipulated by the Ohio Sports Plus Basketball Tournaments. I also certify that each of the above named players is covered by a proper accident policy of insurance. In consideration of you accepting this team roster, I hereby, for the team, myself, heirs, executor, administrators, and assignees waive and release any, and all damages incurred at the said tournament.

Signature of Team Representative/Position with the Team

E-mail Address

Date