



West Virginia University

Fifth Annual

3-on-3 Basketball Tournament Registration Form

Team Captain Name: _____ DOB: _____

Address: _____

Phone Number: _____

E-Mail Address: _____

Male Team

Female Team

Team Name: _____

Team Member's Names: _____

*****This form must be returned to the Rec Center by 5p on
Friday, November 6, 2009*****

*******MANDATORY** Captain's Meeting on 11/8/09 @7p.*****