

CAPTAIN

PLAYER 2

PLAYER 3

PLAYER 4

_____ name

_____ name

_____ name

_____ name

_____ address

_____ address

_____ address

_____ address

_____ city

_____ city

_____ city

_____ city

_____ state _____ zip

_____ state _____ zip

_____ state _____ zip

_____ state _____ zip

(_____) _____ phone

(_____) _____ phone

(_____) _____ phone

(_____) _____ phone

e-mail: _____

e-mail: _____

e-mail: _____

e-mail: _____

_____ ht. _____ wt. _____ age

_____ ht. _____ wt. _____ age

_____ ht. _____ wt. _____ age

_____ ht. _____ wt. _____ age

*** VERY IMPORTANT ***
check highest level you have played

*** VERY IMPORTANT ***
check highest level you have played

*** VERY IMPORTANT ***
check highest level you have played

*** VERY IMPORTANT ***
check highest level you have played

No Formal Experience

No Formal Experience

No Formal Experience

No Formal Experience

High School Varsity

High School Varsity

High School Varsity

High School Varsity

College (JC/4yr. team)

College (JC/4yr. team)

College (JC/4yr. team)

College (JC/4yr. team)

Professional

Professional

Professional

Professional

_____ signature

_____ signature

_____ signature

_____ signature

CHECK ONE: MEN'S COMP MEN'S REC WOMEN'S COMP WOMEN'S REC

PLEASE SEND WITH YOUR \$40 PAYMENT BEFORE MAY 13, 2003

SEND TO:
SANTA CLARA UNIVERSITY
ATTN: TRIMEKA JACKSON (ATHLETICS)
3-ON-3 TOURNAMENT
500 EL CAMINO REAL
SANTA CLARA, CA 95053

WITH QUESTIONS CALL: (408) 554-6984 OR TWJACKSON@scu.edu

**EACH PAID CONTESTANT WILL RECEIVE
A STOP, POP, & DROP T-SHIRT
IF ENTRY IS RECEIVED BY MAY 13, 2003**