



# Holy Cross Men's Open Basketball Tournament Registration Form

Return completed form and \$175.00 registration fee to:

Holy Cross Men's Open  
216 Desnoyer St.  
Kaukauna, WI 54130  
www.holycrossmensopen.com

Team Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Team Contact: \_\_\_\_\_

Contact Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

	<u>Player Name</u>	<u>Height</u>	<u>School Attended</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____

FOR OFFICIAL USE ONLY

Tournament Fee Paid:

Yes

No

Check Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Returned: \_\_\_\_\_