



# Martin Luther King Jr Basketball Tournament

## TEAM REGISTRATION

*Please Print or Type*

Team Name \_\_\_\_\_ Division \_\_\_\_\_

Coach Name \_\_\_\_\_ Contact Number ( ) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

E-mail \_\_\_\_\_

Assistant Coach \_\_\_\_\_ Contact Number ( ) \_\_\_\_\_

Assistant Coach \_\_\_\_\_ Contact Number ( ) \_\_\_\_\_

### Registration

Fill out the registration form with complete information. *All players 18 years and older must present drivers license, or picture ID at check-in. Youth players must present a birth certificates as proof of age.* Registration must be received by Friday, February 6, 2015. Registration forms may be downloaded at [www.myspar.org](http://www.myspar.org). Fax (318) 673-7800 or mail completed forms and payment to 7401 Jewella Avenue, Shreveport, La. 71108, **ATTN:** Sarah Metoyer.

Cashier's check, money orders or checks (business or personal):

**Make payable to:** City of Shreveport-SPAR

*You must write your driver's license number and expiration date on personal checks!*

**\*\*Personal Checks must be received by Friday, January 30, 2015.\*\***

### General Rules

Tournament information and a complete set of rules will be available online at [www.myspar.org](http://www.myspar.org).

**\*\*PLAYERS ON A HIGH SCHOOL ROSTER ARE PROHIBITED FROM TOURNAMENT PLAY\*\***

\_\_\_\_\_ (initial) I give the City of Shreveport permission to photograph my child/myself for the purpose of publicizing events and/or programs.

# Martin Luther King Jr Basketball Tournament

## Team Roster Form

Team Name:	Division:
------------	-----------

	Name	Age	Birth Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

**\*MAX OF 12 PLAYERS PER ROSTER FOR YOUTH\***

**AND**

**\*MAX OF 20 PLAYERS PER ROSTER FOR ADULTS\***