

19th Annual Alexandria 3 on 3 Basketball Tournament

(Benefit for the Summer Youth Baseball and Softball Programs)

Alexandria, South Dakota
Saturday April 17, 2010

Grades 2, 3, 4, 5, 6, 7, 8, 9
(Based on current school year 2009 - 2010)

- This is a fund-raiser for the Alexandria Summer Baseball and Softball Programs.
- Separate divisions for boys and girls.
- Separate divisions for each grade, if possible.
- Tournament rosters may include 3 or 4 players; individual players can only play with only one team in an age group in the tournament.
- **You cannot have 5 players on a team.**
- Each team is guaranteed a minimum of two games.
- T-shirts will be awarded for 1st place.
- The entry fee is \$40.00 per team, if received by April 7th. The entry fee for entries received after April 7th is \$45.00. The deadline for entries and refunds is April 11th. **Make checks payable to Alexandria Summer Baseball and Softball Program** and send to Darwyn Persson PO Box 275 Alexandria, SD 57311
- **The division brackets and pairings will be set up the night of Wednesday, April 14th. When we have completed the tournament pairings, your team's contact person will be notified of the time and location of your first game.**
- The number of teams we can accept is limited, so enter early.

For information contact:

Darwyn Persson
PO Box 275
Alexandria, SD 57311
605-239-4463
Email: persdijat@triotel.net

**19th Annual Alexandria 3 on 3 Basketball Tournament
(Benefit for the Summer Youth Baseball and Softball Programs)
April 17, 2010**

Team Name _____ Boys _____ Girls _____
Grade 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9
(Based on 2009 - 2010 school year)

Team Roster

(Individual players can only be listed on one roster in an age group in the tournament)

	<u>Name</u>	<u>School</u>	<u>Grade</u>	<u>Age</u>	<u>Height</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Team's ability level: Please circle the appropriate number:

10 9 8 7 6 5 4 3 2 1
Excellent Average Poor

Adult Chaperone: _____ Phone number: _____
(please print name)

E-mail address: _____

Mailing address: _____

(Signature of adult chaperone)

Complete the following information if your team's contact person is not the adult chaperone listed above:

Team contact person: _____ Phone number: _____

E-mail address: _____

Mailing address: _____

Send \$40.00 entry fee to:

**Darwyn Persson
PO Box 275
Alexandria, SD 57311**