



GLACIER FREEZE BASKETBALL TOURNAMENT, MARCH 15-17, 2019

Cost: \$175 Age Groups: 4;5; 6; 7; 8 boys and girls (divisions may be combined if there are not enough in an age bracket)

Questions? Call Mark Harkins (406-261-5077 cell) (406-758-8675 work)

Email: harkinsm@sd5.k12.mt.us

REGISTRATION FORM FOR GLACIER FREEZE BASKETBALL TOURNAMENT

ENTRY FORMS DUE NO LATER THAN MARCH 8!!!

Team Name: _____

Grade: _____ Boys Girls (circle one)

Contact Person: _____

Contact Phone #: _____ Email: _____

Could your team play on Friday evening, March 15? YES NO

Please classify your team's level. If there are enough teams, we will break divisions based on ability level. However, if there are not enough teams in a division, they will all be placed in the same bracket.

advanced intermediate novice

LODGING INFORMATION

SpringHill Suites by Marriott is a featured sponsor of the Glacier Freeze

Located minutes away from Glacier High School and many other of the gyms that we will utilize for the tournament.

Please visit [Marriott.com](https://www.marriott.com) or call 406-314-6600 to make a reservation.

The logo for SpringHill Suites by Marriott is centered on a dark blue rectangular background. The text "SPRINGHILL SUITES" is written in a large, white, sans-serif font, with a registered trademark symbol (®) to the upper right of the word "SUITES". Below this, the word "MARRIOTT" is written in a smaller, white, sans-serif font.

SPRINGHILL SUITES[®]
MARRIOTT

Please send all registration information and entry fees to:

Mark Harkins

375 Wolfpack Way

Kalispell, MT 59901

Please make all checks to: Glacier High School

Participant Names, contact numbers and parental signatures:

<u>Participant</u>	<u>Phone #</u>	<u>Parent Signature</u>
--------------------	----------------	-------------------------

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Parents, by signing this form, you are agreeing to the following:

I, the above signed, release all employees of Glacier High School and School District 5 from all claims on account of injury sustained by my son/daughter while participating in the Glacier Freeze Basketball Tournament. I further authorize the tournament directors to act for me, in my absence, in his or her best judgment in case of any emergency requiring medical attention.

Thank you for registering for the Glacier Freeze Basketball Tournament. All money raised will go directly to the Glacier High School Boy's and Girl's Basketball Programs at Glacier High School.

Thanks, Mark Harkins and Bill Sullivan