



MARCH MADNESS

3-ON-3 BASKETBALL TOURNAMENT

Team Name: _____

Team Members:

Name	Phone #	Volunteer to referee?	
_____	_____	yes	no
_____	_____	yes	no
_____	_____	yes	no

Replex Waiver:

This is to acknowledge that the above mentioned team members do not hold the Replex responsible in any way for any injuries incurred at the Replex facility.

Team Member's Signature

Date

_____	_____
_____	_____
_____	_____

Payment:

[] cash [] check # _____