



**Gym Rats Inc.**

**www.gymratsbasketball.com**



**5310 Merchandise Dr. - Fort Wayne, IN - 260-471-5270 - toddh@gymratsbasketball.com**

# 2014 Gym Rats Spring Kick-Off

*April 12-13, 2014*

*Spiece Fieldhouse – Fort Wayne, IN*

*Deadline to Enter – April 6, 2014*

*Schedule and Pools will be available for download at [www.GymRatsBasketball.com](http://www.GymRatsBasketball.com)*

**\_\_\_\_\_ \$250 REGISTRATION FEE (non-refundable) – GRADE SCHOOL TEAMS (3<sup>RD</sup>-8<sup>TH</sup> GRADE)**

**\_\_\_\_\_ \$350 REGISTRATION FEE (non-refundable) – HIGH SCHOOL TEAMS (9<sup>TH</sup>-11<sup>TH</sup> GRADE)**

**MULTI-TEAM DISCOUNT - 3 or More Teams \$50 off per Team**

**Team Name: \_\_\_\_\_ Head Coach: \_\_\_\_\_**

**Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_**

**Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_**

**Asst Coach: \_\_\_\_\_ Asst: Coach Email: \_\_\_\_\_**

**Asst: Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Asst: Cell Phone: (\_\_\_\_\_) \_\_\_\_\_**

**Please Circle One: *Boys or Girls***

**PLEASE CIRCLE YOUR GRADE LEVEL BELOW:**

**3<sup>RD</sup> GRADE      4<sup>TH</sup> GRADE      5<sup>TH</sup> GRADE  
6<sup>TH</sup> GRADE      7<sup>TH</sup> GRADE      8<sup>TH</sup> GRADE  
9<sup>TH</sup> GRADE      10 GRADE      11<sup>TH</sup> GRADE**

**THREE (3) GAMES GUARANTEED  
2 POOL GAMES WITH A SINGLE  
ELIMINATION SEEDDED TOURNAMENT**

**Make Cashiers Checks and Money Orders Payable to:  
GYM RATS LLC. (No Personal Checks)**

**Send to:                      Gym Rats LLC.  
   P.O. Box 80640  
   Fort Wayne, IN 46898-0640**

**For UPS or Fed Ex:      5310 Merchandise Drive  
   Fort Wayne, IN 46825**

**ANY QUESTIONS PLEASE CALL:  
GYM RATS BASKETBALL OFFICE**

**Phone: 260-471-5270    Fax: 260-471-3469**

**Website: [www.gymratsbasketball.com](http://www.gymratsbasketball.com) or  
Email: [chrisp@gymratsbasketball.com](mailto:chrisp@gymratsbasketball.com)**

**Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ Money Order \_\_\_\_\_ Cashier's Check \_\_\_\_\_**

**CC# \_\_\_\_\_ Exp \_\_\_\_\_ Zip code Associated Card: \_\_\_\_\_**

**Name as it appears on card \_\_\_\_\_ CV2 # \_\_\_\_\_**

**I, \_\_\_\_\_ hereby give "Gym Rats" authorization to charge the following items and amounts.**

**GYM RATS BASKETBALL  
Spiece Fieldhouse – 5310 Merchandise Dr. – Fort Wayne, IN 46825 – 260-471-5270  
[www.GymRatsBasketball.com](http://www.GymRatsBasketball.com)**

## EVENT PARTICIPATION INFORMATION SHEET

	Name	Address	Telephone	Last School Attended	D.O.B.	Height	Jersey#	Grade
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

**All information must be provided for event organizers and coaching staff members.**

	Name	Address	Zip Code	Telephone #	Coach E-Mail
1					
2					ASSISTANT COACH
3					SCOREKEEPER / TIMER

<b>Team Name:</b> _____
<b>Name of Event</b> _____
<b>Date of Event</b> _____