



Spiece Fieldhouse
Home of Gym Rats Basketball
Located at 5310 Merchandise Drive
Fort Wayne, IN 46825
Office 260-471-5270 • 260-471-3469 (FAX)
Email: chrisp@gymratsbasketball.com

I.B.A. REGIONALS ENTRY FORM

Tournament Packets will NOT be mailed. Coaches packets will be available for download at www.gymratsbasketball.com, 3-5 days before the event.

Team Name _____ Coach _____
Address _____ City _____ Zip _____
Home Phone _____ Cell Phone _____
Ass't. Coach _____ Ass't. Home Phone _____
Coach Email: _____ Ass't. Email: _____

All Teams Must complete the Roster Form and School Corporation Teams MUST Also Complete the Roster and School Confirmation Form.

PLEASE CIRCLE ONE: BOYS GIRLS
PLEASE CIRCLE ONE:

School Corp. Team

PLEASE CIRCLE ONE IF A SCHOOL TEAM

1A/2A 3A/4A

NAME OF HIGH SCHOOL _____

PLEASE CIRCLE THE GRADE LEVEL AT WHICH YOUR TEAM WILL COMPETE:

3RD GRADE 4TH GRADE 5TH GRADE
6TH GRADE 7TH GRADE 8TH GRADE

Make Certified Checks Payable to: GYM RATS, LLC.

Mail Entries To: GYM RATS
P.O. Box 80640
Ft. Wayne, IN 46898-0640

For UPS or Fed Ex 5310 Merchandise Drive
Ft. Wayne, IN 46825

A \$250 NONREFUNDABLE TEAM ENTRY FEE FOR EACH REGIONAL SITE IS DUE WITH THE MAILING OF THIS FORM. 3 or more teams \$50 off per team! Teams MUST Signup and pay as a group at one time. NO PERSONAL CHECKS ACCEPTED

_____ \$250 Nonrefundable Team Entry Fee per Regional Site - NO PERSONAL CHECKS ACCEPTED

_____ Number of Regionals Participating In

PLEASE CIRCLE THE DATE(S) AND CHECK THE REGIONAL SITE(S) AT WHICH YOUR TEAM WILL PLAY!

Feb. 18 & 19, 2012. Entry Deadline Feb. 10, 2012

() Vincennes

Feb. 25 & 26, 2012. Entry Deadline Feb. 17, 2012

() Fort Wayne () Evansville () Hartford City (Girls ONLY)

Mar. 3 & 4, 2012. Entry Deadline Feb. 24, 2012

() Terre Haute

Mar. 10 & 11, 2012. Entry Deadline Mar. 2, 2012

() Fort Wayne

Mar. 17 & 16, 2012. Entry Deadline Mar. 9, 2012

() Merrillville

**STATE FINALS MARCH 24-25, 2012
SPIECE FIELDHOUSE**

Fort Wayne, IN

**Boys and Girls Grades 3-8
SCHOOL TEAMS ONLY!**

All teams MUST play in one regional to qualify for the State Championships

PLEASE CIRCLE FORM OF PAYMENT: Certified Check Money Order Master Card Visa Card

Card #: _____ Expiration of Card _____

CVV2 or V-Code: _____ (Last three digits in signature line on back of card)

Billing Address: _____ City: _____

State: _____ Zip Code _____

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

