

# 3-ON-3 BASKETBALL IS BACK IN CLEVO AUGUST 6-7

## THE DEETS:

20+ courts all outdoors around The Q and Progressive Field

Ages 10 + UP

Cost: \$125 per team

Registration Deadline: July 20, 2011

Live entertainment, great food,  
interactive exhibits and local  
vendors

Team Check-in Friday night

Games Begin 8am Saturday and go  
until late afternoon Sunday

Concessions and restrooms under  
Proressive Field bleachers open to  
public

DON'T MISS THIS EVENT!



## EVENT SPONSORS:



## AUGUST 6-7

GATEWAY PLAZA  
DOWNTOWN CLEVELAND  
AGES 10 + UP  
ALL LEVELS OF PLAY



[3ON3CLEVELAND.COM](http://3ON3CLEVELAND.COM)

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Team Name: \_\_\_\_\_

Division: Boys: Grade: 4 5 6 7 8 9 | HS: JV V  
Girls: Grade: 4 5 6 7 8 9 | HS: JV V

Men's Open: Recreational | Competitive  
Women's Open: Recreational | Competitive  
Co-ed: Recreational | Competitive

Captain / Coach's Name: \_\_\_\_\_

Team Phone Number: \_\_\_\_\_

Player #2 Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_

If Youth: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Player T-Shirt Size: Youth: S M L  
Adult: S M L XL XXL

Parent/Guardian Names \_\_\_\_\_

I hereby certify that all information above is correct and in all consideration of participating in this or any TFN Camps and Clinics event, that I assume full responsibility for all player(s) listed above and that I have in my possession signed papers from each parent that states that they agree not to hold responsible TFN Camps and Clinics its members, coaches, or other employees on account of any injury or loss or damage suffered as a result of a player participating in this or any TFN Camps and Clinics event, including but not limited to games, practices or travel to and from these activities.

Parent/Guardian/Player Signature \_\_\_\_\_

Player #3 Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_

If Youth: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Player T-Shirt Size: Youth: S M L  
Adult: S M L XL XXL

Parent/Guardian Names \_\_\_\_\_

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Parent/Guardian/Player Signature \_\_\_\_\_

Player #4 Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_

If Youth: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Player T-Shirt Size: Youth: S M L  
Adult: S M L XL XXL

Parent/Guardian Names \_\_\_\_\_

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Parent/Guardian/Player Signature \_\_\_\_\_

Player #1 Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_

If Youth: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Player T-Shirt Size: Youth: S M L  
Adult: S M L XL XXL

Parent/Guardian Names \_\_\_\_\_

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Parent/Guardian/Player Signature \_\_\_\_\_

**CONTACT INFORMATION:**

P: (440) 826-3652  
E: tntskip@aol.com

Please make checks payable to: "TFN Camps & Clinics"

Mail registration form and check to:

**OhioBasketball.com**  
**7515 Pearl Rd. | Suite 207**  
**Middleburg Hts., OH 44130**

-or-

Register online at [www.OhioBasketball.com](http://www.OhioBasketball.com)

Amount Paid: \$ \_\_\_\_\_

How: Check: # \_\_\_\_\_

Online w/Credit Card: **PayPal Receipt Attached**



OhioBasketball.com