

## 2010 RENEGADES Girls Tournaments

**16 minute stopped clock halves; we provide the scorekeeper and timer**

**Flexible scheduling, including out-of-town requests**

**AAU SANCTIONED, PIAA refs, New Hatboro 3 Court Facility/hardwood floors**

**Teams are matched against each other according to competitive level !**

**Ages 9 thru 18**

**\*\*SITE: Hatboro, PA and surrounding area schools in Bucks & Montgomery counties.**

**Teams attending 2 or more tournaments can deduct 50.00 from 2nd and 3rd tournament fee.**

**1st and 2nd place awards to pool winners**

**10 minutes from Willow Grove Mall and 10 minutes from Warrington Regal Movie Theater**

**TOURNAMENT DIRECTOR: STEVE FLYNN AT 215-364-1426**

**FAX: 215-364-3629**

**E-MAIL: [parenegades@comcast.net](mailto:parenegades@comcast.net)**

**WEBSITE: [www.renegadesbasketball.com](http://www.renegadesbasketball.com)**

**Schedule to be Posted on Website: [www.renegadesbasketball.com](http://www.renegadesbasketball.com) by the Thurs before tournament**

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**APPLICATION DEADLINE for Receipt of Payment is Monday prior to tournament date**

Mail registration and checks payable to: Renegades, 858 Street Road., Southampton, PA 18966

OR you can REGISTER & PAY ONLINE safely thru PAYPAL with credit card via our website

Please check off the tournament that your team is entering:

**April 10-11 Renegades Girls Spring Rally Cost \$425 Ages 9-17 A/B/C 4 games**  
**1st and 2nd place awards to pool winners**

**June 12-13 Renegades Girls Summer Rumble Cost \$425 Ages 9-17 A/B/C 4 games**  
**1st and 2nd place awards to pool winners**

Girls Team Name \_\_\_\_\_

What are the dates of the tournament you are registering your team for? \_\_\_\_\_

Age Group: \_\_\_ Grade \_\_\_ Team Level = National or A Level or B Level C Level (circle one) \_\_\_\_\_

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

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

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

City/State/Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Amount of check enclosed: \_\_\_\_\_

Schedule Request: \_\_\_\_\_

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Are you staying overnight on Friday? Yes or No Are you staying overnight on Sat? Yes or No

How long will it take your team to drive to our gym if your are commuting every day? \_\_\_\_\_