



**Tournament is open to women 18 years or older.**

Captains will be contacted upon receipt of completed application form. Schedules, insurance waivers, and tournament rules will be sent to captains before the tournament.

Hoops for Hope exists for the **Miles of Hope Breast Cancer Foundation!** We will donate 100% of our profit to this foundation. The Foundation provides programs and support services for women and families in the Hudson Valley, New York, affected by breast cancer. All funds raised for the foundation will be kept in the Hudson Valley. For more information, please visit the website: [www.milesofhopebcf.org](http://www.milesofhopebcf.org).

If you would like to place a business or **spirit ad** in our tournament book, please contact us no later than February 20, 2010 or email us at: [hoopsforhope@optonline.net](mailto:hoopsforhope@optonline.net)

**Visit our FACEBOOK page!**

Search for **Miles of Hope** and click on events.

**All volunteers are welcome!**

For more info email [hoopsforhope@optonline.net](mailto:hoopsforhope@optonline.net) or call (845) 221-3667

**TOURNAMENT APPLICATION FORM**

**Entry fee, roster and application due by February 20, 2010**

Team Name

Team Captain's Contact

Address

City State Zip

Phone number Fax number

Email Address

Please Circle one:

1. **Hoop Mom** (Non-competitive)
2. **Hoop Mom** (Competitive)
3. **J.V. Squad**
4. **Varsity Squad**

Please send completed application and team roster to:

**Maureen Walker Seipp**  
**23 Toms Way**  
**LaGrangeville, NY 12540**

Registration fee \$150.00

Late registration fee after February 20, 2010 is \$200

I understand that once my team is accepted into the tournament there will be no refund if my team withdraws. I further understand that no refunds will be made in the event of cancellation or shortening of any matches due to inclement weather. In the event of an accident-en-route to or from the tournament or at any games or activities with the tournament, Hoops for Hope and/or Miles of Hope Breast Cancer Foundation and Marist College will not be held responsible.

Captain's Signature

Date

**ROSTER**

Playing Experience						
Email						
T-Shirt Size						
Address						
Age						
Name	1.	2.	3.	4.	5.	6.

All checks should be made payable to Miles of Hope Breast Cancer Foundation.