

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.milesofhope.org

If you would like to place a business or **spirit ad** in our tournament book, please contact us no later than February 19, 2011 or email us at: hoopsforhope@optonline.net

Visit our FACEBOOK page!
facebook.com/milesofhopebcf

All volunteers are welcome!

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

TOURNAMENT APPLICATION FORM

Entry fee, roster and application due by February 16, 2012

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 for 6 players; +\$25 ea. add'l player
 Late registration fee after February 21, 2012 is \$200
 for 6 players; +\$25 ea. add'l player

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

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

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