



# GUS MACKER TOURNAMENT APPLICATION 2

Please use **ONLY capital letters and numerals on this form.**

Try to avoid having your letters and numbers touch the lines of the boxes.

Also, please fill in the bubbles completely to make your selection.

For Office Use Only

## PLAYER 3

**FIRST NAME** **AGE**  *As of Tournament Date*

**LAST NAME** **BIRTH DATE** --  
**MONTH DAY YEAR**

**STREET** **HEIGHT** **FEET** **INCHES**

**CITY** **STATE**

**PHONE**  -  - **ZIP**

**E-MAIL** \_\_\_\_\_ **GENDER**  Male  Female

**EXPERIENCE** (Please mark ALL that apply)

<input type="radio"/> No Experience	<input type="radio"/> HS Freshman (9th)	<input type="radio"/> HS Varsity - Class C & D	<input type="radio"/> Small College (NAIA, NCAA, Div 2 or 3)
<input type="radio"/> Grade School	<input type="radio"/> HS Jr. Varsity	<input type="radio"/> College Intramural	<input type="radio"/> Major College (NCAA Div 1A or CIAU)
<input type="radio"/> AAU	<input type="radio"/> HS Varsity - Class A	<input type="radio"/> Adult Rec. League	<input type="radio"/> Semi-Professional
<input type="radio"/> Jr.High (6th-8th)	<input type="radio"/> HS Varsity - Class B	<input type="radio"/> Jr/Comm/Tech College	<input type="radio"/> Professional
		<input type="radio"/> Wheelchair	<input type="radio"/> Special Division

## PLAYER 4

**FIRST NAME** **AGE**  *As of Tournament Date*

**LAST NAME** **BIRTH DATE** --  
**MONTH DAY YEAR**

**STREET** **HEIGHT** **FEET** **INCHES**

**CITY** **STATE**

**PHONE**  -  - **ZIP**

**E-MAIL** \_\_\_\_\_ **GENDER**  Male  Female

**EXPERIENCE** (Please mark ALL that apply)

<input type="radio"/> No Experience	<input type="radio"/> HS Freshman (9th)	<input type="radio"/> HS Varsity - Class C & D	<input type="radio"/> Small College (NAIA, NCAA, Div 2 or 3)
<input type="radio"/> Grade School	<input type="radio"/> HS Jr. Varsity	<input type="radio"/> College Intramural	<input type="radio"/> Major College (NCAA Div 1A or CIAU)
<input type="radio"/> AAU	<input type="radio"/> HS Varsity - Class A	<input type="radio"/> Adult Rec. League	<input type="radio"/> Semi-Professional
<input type="radio"/> Jr.High (6th-8th)	<input type="radio"/> HS Varsity - Class B	<input type="radio"/> Jr/Comm/Tech College	<input type="radio"/> Professional
		<input type="radio"/> Wheelchair	<input type="radio"/> Special Division

## PLAYERS SIGNATURES

I have read and understand this application and procedures, and agree that information about my team is correct.

PLAYER 1 \_\_\_\_\_ PLAYER 2 \_\_\_\_\_ PLAYER 3 \_\_\_\_\_ PLAYER 4 \_\_\_\_\_

## GUS MACKER NATIONAL SPONSOR



**NOTICE: NO REFUNDS**

**MAILING APPLICATION**

Please detach & complete this entry form and return it with the Team Entry Fee to:

Gus Macker Basketball  
107 E. Main St. - Suite 3  
Belding, MI 48809