

# 39th Annual "FALL" OPTIMIST Basketball Tournament

## November 4-5, 2023

**Note: Teams will play both days!**

DICKINSON PARKS & RECREATION

Phone: (701) 456-2074

Fax: (701) 456-2073

[wmclaughlin@dickinsonparks.org](mailto:wmclaughlin@dickinsonparks.org)

[dickinsonparks.org](http://dickinsonparks.org)

**ENTRY FEE: \$200 (3-Game Guarantee)**

Payable to: DPR / 2004 Fairway St / Dickinson, ND 58601

**DEADLINE: October 24, 2023**

TEAM NAME (as listed on brackets): \_\_\_\_\_

CITY: \_\_\_\_\_ Coaches (2 allowed): 1) \_\_\_\_\_ 2) \_\_\_\_\_

**NOTE: Participants in Grades 7-8 ARE NOT ELIGIBLE to play if they are participating in their school program & their school season practice has started! (This does not apply to Grades 3-6)**

GRADE (circle one) Boys: 3 4 5 6 7 8 Girls: 3 4 5 6

TEAM CLASSIFICATION: Teams will be placed in separate divisions dependent upon the number of team entries, as well as team ranking in comparison with other teams in the same grade.

**Team ranking is based on the COACHES' JUDGEMENT: PLEASE BE HONEST**

TEAM RANK (circle one): Best > 1 2 3 4 5 < Lowest

**TEAM CONTACT PERSON**

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PHONE: Cell \_\_\_\_\_ Alt. \_\_\_\_\_

**Please have all parents/guardians sign the roster which acts as the player liability release.**

*As a parent/guardian of a participating child, by my signature I hereby give my permission for him/her to participate in this tournament and do release Dickinson Parks & Recreation, Dickinson State University, Dickinson Public Schools, Dickinson Catholic Schools, City of Dickinson, and all those associated with this event from any liability for injuries which may occur to the said child while participating in this event. I also understand that DPR staff or their representatives may photograph participants enrolled in programs, classes or events for use in DPR promotions.*

PLAYER'S NAME (First & Last)	Gr.	PARENT SIGNATURE	PHONE
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			

OFFICE PAYMENT  
ONLINE CUSTOMER PAYMENT

Receipt # \_\_\_\_\_ Check # \_\_\_\_\_  
Receipt # \_\_\_\_\_ (if payment was made online, write in your receipt #)