

40th Annual "SPRING" OPTIMIST Basketball Tournament

April 13-14, 2024

Note: Teams will play both days!

DICKINSON PARKS & RECREATION

Phone: (701) 456-2074

Fax: (701) 456-2073

wmclaughlin@dickinsonparks.org

dickinsonparks.org

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

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

DEADLINE: April 3, 2024

TEAM NAME (as listed on brackets): _____

CITY: _____ Coaches (2 allowed): 1) _____ 2) _____

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

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 Receipt # _____ Check # _____
 ONLINE CUSTOMER PAYMENT Receipt # _____ (if payment was made online, write in your receipt #)