

ANNUAL BADIN TOURNAMENT



ALUMNI BASKETBALL

When: April 16 & 17, 2010

Where: Badin's Pfirman Family Activity Center

Cost: \$200.00 per team entry fee

Registration: Registration forms are available online using the Badin High School Web Page (www.badinhs.org). Click on Alumni <Events <Alumni Basketball Tournament. First 16 teams will be accepted. Please **send check made out to Badin High School and registration form to:**

Steve Wolterman
530 Wessel Drive, Suite 2A
Fairfield, Ohio 45014

Be prepared to provide:

- team name
- team captain
- team color
- credit card information
- team members (with graduation dates or relationship to Badin.)

Players must be:

- Badin and Hamilton Catholic graduates
- Spouses of Badin and Notre Dame graduates
- Badin Faculty members
- Fathers of Badin students and graduates
- Present seniors at Badin High School

Note: No roster may include more than three players who have played on the championship team in each of the two previous years.

*******Registrations must be received no later than Thursday, April 1 *******
(This date must be enforced so referees can be scheduled)

Tournament Drawing: (if necessary) will be held 7:00 PM, Tuesday, April 13, at Badin. Tournament format, brackets, rules, seeding decisions will be communicated to team captain via email. Please make sure you include an email on your entry. Should we need the meeting, we will let you know via email. All teams are guaranteed at least 2 games, 20 minute halves, running clock.

Stray Players: If interested in participating but do not have a team, contact Steve Wolterman (829-6700). We will compile a list of individuals to form a team. I cannot guarantee quality of teammates or numbers. We hope this will encourage others to participate and have a good time.

Note: *We do not have permission to consume or bring alcohol into Badin High School. Concession stand will be open.*

**2010 BADIN ALUMNI BASKETBALL TOURNAMENT
REGISTRATION FORM
due Thursday, April 1**

Team Name _____

Team Captain _____ E-mail

Team Color _____

Team member names/address & e-mail

Relationship to Badin
grad year /spouse /faculty
'09 senior/father of current student

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Payment info: \$200/team by check or credit card (Visa or MasterCard)

Credit card # _____ 3-digit code (on back) _____

Name on card _____ Exp date of card _____

Signature _____ Zip code _____

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Steve Wolterman
530 Wessel Dr. Suite 2A
Fairfield, OH 45014

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