

New Mexico Splash Down Tour Team Registration



Team Name: _____

Emergency Contact: _____

Emergency Contact Phone: (____) _____

Team Captain

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____

Emergency Contact: _____

Emergency Contact Phone: (____) _____

E-mail: _____

Please select t-shirt size for your gender

Men

L XL XXL 3XL 4XL

Women

S M L XL XXL

Second Player

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____

Emergency Contact: _____

Emergency Contact Phone: (____) _____

E-mail: _____

Please select t-shirt size for your gender

Men

L XL XXL 3XL 4XL

Women

S M L XL XXL

Third Player

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____

Emergency Contact: _____

Emergency Contact Phone: (____) _____

E-mail: _____

Please select t-shirt size for your gender

Men

L XL XXL 3XL 4XL

Women

S M L XL XXL

Fourth Player

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____

Emergency Contact: _____

Emergency Contact Phone: (____) _____

E-mail: _____

Please select t-shirt size for your gender

Men

L XL XXL 3XL 4XL

Women

S M L XL XXL

New Mexico Splash Down Tour

Fifth Player

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____

Emergency Contact: _____

Emergency Contact Phone: (____) _____

E-mail: _____

Please select t-shirt size for your gender

Men

L XL XXL 3XL 4XL

Women

S M L XL XXL

Seventh Player

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____

Emergency Contact: _____

Emergency Contact Phone: (____) _____

E-mail: _____

Please select t-shirt size for your gender

Men

L XL XXL 3XL 4XL

Women

S M L XL XXL

Sixth Player

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____

Emergency Contact: _____

Emergency Contact Phone: (____) _____

E-mail: _____

Please select t-shirt size for your gender

Men

L XL XXL 3XL 4XL

Women

S M L XL XXL

Eighth Player

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (____) _____

Emergency Contact: _____

Emergency Contact Phone: (____) _____

E-mail: _____

Please select t-shirt size for your gender

Men

L XL XXL 3XL 4XL

Women

S M L XL XXL

Send completed form with check or money order (payable to D.K. Hoopsters) to:

D.K. Hoopsters

P.O. Box 7565

Albuquerque, NM 87194

Signed copies of the Players Code of Conduct and waiver must be submitted before any games are played. They may be mailed to the address above, faxed to (505)554-2059, or submitted during check-in the day of the tournament.