



# ~BUFFALO MASTERS BASKETBALL REGISTRATION~

TOURNAMENT DATES: MARCH 23,24,25 AND 26 2017

BRACKET: _____
RECEIVED: _____
PAY TYPE: _____
PAY DATE: _____

**BUFFALO MASTERS ATHLETICS RESERVES THE RIGHT TO CLOSE ANY BRACKET EARLY !**

TEAM NAME	TEAM BRACKET	STREET ADDRESS	CITY	STATE	ZIP

PLEASE CIRCLE BRACKETS **FULL COURT** 50+, 55+, 60+,

COACH/CONTACT NAME	CELL PHONE	HOME PHONE	BUSINESS PHONE	EMAIL

**Contact numbers for all players MUST be entered for emergency & insurance purposes.**

\*\*Please mark DNP if you do not want Buffalo Masters to publish number in the player packet

PLAYER'S NAME	**PHONE NUMBER	EMAIL ADDRESS	HEIGHT	AGE	BIRTH YEAR	LEVEL OF PLAY

ROSTER MUST BE COMPLETELY FILLED OUT !

**DEADLINE FOR ENTRIES: Friday 3/10/2017**

RETURN REGISTRATION FORM WITH PAYMENT TO:  
 BUFFALO MASTERS ATHLETICS, INC  
 6300 TRANSIT ROAD, DEPEW NEW YORK 14043

**ENTRANCE FEES MUST BE ENCLOSED WITH ROSTER TO RESERVE YOUR SPOT !**

PHONE: 716-684-3333 ext.201 FOR NOELLE  
 FAX: 716-681-7408  
 EMAIL: pdurham@durham.com  
 WEBSITE: www.buffalomasters.com

<b>REGISTRATION FEES</b> \$450.00/TEAM
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