

**“HOOPS IN THE SQUARE®” CHARITY 3-ON-3 TOURNAMENT
PLAYER REPLACEMENT FORM**

TEAM NAME _____

AGE DIVISION _____

PLAYERS BEING REMOVED

Players Full Name PRINTED	Address w/City and Zip
1.	
2.	

Reason for player removal (circle one)
 INJURY SICKNESS SCHEDULE CONFLICT OTHER _____

PLAYERS BEING ADDED

Players Full Name PRINTED	Address w/City and Zip
1.	
2.	

IF THE TEAM CAPTAIN OR COACH HAS CHANGED, PLEASE COMPLETE INFORMATION BELOW
 IF THE CAPTAIN/COACH HAS NOT CHANGED, SIGN FORM ONLY AND
 SUBMIT WITH ROSTER/WAIVER FORM ON DAY OF EVENT

TEAM CAPTAIN / COACH'S NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

HOME PH: _____ OTHER PH: _____ (at least one phone # required)

TEAM CAPTAIN'S / COACH'S VERIFICATION: This is to certify that this roster does not include any assumed names and that each player conforms to eligibility rule governing “HOOPS IN THE SQUARE” 3ON3 BASKETBALL TOURNAMENT.

SIGNATURE

DATE