



Spiece Fieldhouse
 Home of Gym Rats Basketball
 Located at 5310 Merchandise Drive
 Fort Wayne, IN 46825
 Office 260-471-5270 • 260-471-3469 (FAX)
 Email: chrisp@gymratsbasketball.com
www.gymratsbasketball.com

Grade School Team Leagues - Organized Teams Only

Please Select One of the Following Options

- Back to School League (Sept. 13 - Oct. 11, 2009 - Sunday afternoons) – ENTRY DEADLINE IS SEPT. 1, 2009
- Fall League (Oct. 18 - Nov. 15, 2009 - Sunday afternoons) – ENTRY DEADLINE IS OCT. 5, 2009
- Pre-Winter League (Nov. 22 - Dec. 20, 2009 - Sunday afternoons) – ENTRY DEADLINE IS NOV. 9, 2009
- Winter League (Jan. 10 - Feb. 7, 2010 - Sunday afternoons) – ENTRY DEADLINE IS DEC. 28, 2009
- Spring League (Feb. 21 to Mar. 21, 2010 - Sunday afternoons) – ENTRY DEADLINE IS FEB. 8, 2010

10 GAMES GUARANTEED

2 GAMES ON EACH OF THE 5 SUNDAY AFTERNOONS/EVENINGS

Please Circle One: Boys Girls

Circle Your Level of Competition:

Division 1 Divion 2 Division 3
 Open/Allstar School/ Community Recreational

Circle Current Grade Level:

3rd Grade 4th Grade 5th Grade
 6th Grade 7th Grade 8th Grade

*New league format for 2009-2010 season. Scores will be kept and recorded to help seed a league play tournament to be held on the 5th Sunday. ALL TEAMS MUST PROVIDE A SCOREKEEPER/TIMEKEEPER

Team Name _____ Coach _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell/Business Phone _____

E-Mail _____

Team Registration Cost is \$550.00 – No Jerseys Provided

A \$5 Admission Fee will be charged to all adults attending league games. Players and kids are FREE!

| | | | | | |
|--|---|--------------------|-------------|-------------|-----------|
| PLEASE CIRCLE FORM OF PAYMENT: | | Check | Money Order | Master Card | Visa Card |
| Card #: | _____ | Expiration of Card | _____ | | |
| CVV2 or V-Code: | _____ (Last three digits in signature line on back of card) | | | | |
| Billing Address: | _____ | | | City: | _____ |
| State: | _____ | ZipCode | _____ | | |
| I, _____ hereby give the "Gym Rats" authorization to charge the following items and amounts. | | | | | |

TEAM ENTRY MUST HAVE A COMPLETED ROSTER FORM

Make Checks Payable to GYM RATS INC.
 Mail or Fax Payments to: GYM RATS INC.
 P.O. BOX 80640
 Fort Wayne, IN 46898-0640
 Fax (260) 471-3469

If you have any questions, please stop by our office at the Spiece Fieldhouse or call us at (260) 471-5270
 E-Mail: chrisp@gymratsbasketball.com

EACH PLAYER MUST READ AND SIGN THE WAIVER PRINTED ON THE BACK. ENTRY WILL NOT BE ACCEPTED WITHOUT A SIGNATURE.
 PLEASE VISIT OUR WEBSITE AT: www.gymratsbasketball.com for additional information.