Trinity Dream Center
Where Dreams Begin

joestephenstgt@gmail.com ▪ www.trinitybrotherdave.org

1612 Tuscarawas St W ▪ Canton, Ohio 44708
330.453.2519 ext. 128 (ph) ▪ 330.453.0145 (fax)

4th Annual D.C. Classic

Friday, March 30 thru Sunday, April 1, 2012
www.trinitydreamcenterbasketball.com

OFFICIAL TEAM ROSTER AND ENTRY FORM

Payment must be made by **Money Order or Certified Check *ONLY*** (no personal or team checks).
All player information ***MUST*** be filled out. All coaches ***MUST*** include an e-mail address.

Mail to:

Trinity Dream Center
1612 Tuscarawas St W
Canton, Ohio 44708
Attn: Joe Stephens

Scheduling Requests:
All coaches must call on **Monday** to ask for special requested game times. **NO GUARANTEES**.

Team Name: _____ Grade Level (circle 1): 4 5 6 7 8 9 10 11 12

Jersey #	Name	Address	City/State	Zip Code	Phone	School Grade

I hereby certify that all information above is correct and in all consideration of participating in this Trinity Dream Center event, that I assume full responsibility for all players listed above and that I have in my possession signed papers from each parent that states that they agree not to hold responsible the Trinity Dream Center, its members, coaches, servants, or employees on account of any injury or loss or damage suffered as a result of a player participating in this or any Trinity Dream Center event, including but not limited to games, practices, or travel to and from these activities.

*******NO PERSONAL OR TEAM CHECKS*******
MONEY ORDERS / CERTIFIED CHECKS *ONLY*

Coach Name (print)_____

Coach Signature _____

Address_____

City & Zip Code _____

E-Mail _____