

# PEACH STATE BASKETBALL



[www.jumpoffplus.com](http://www.jumpoffplus.com)

## Girls Divisions

12 & 13 Combo,  
14, 15, 16, 17\*

\*Unsigned seniors are allowed to participate in this event.



**PEACH STATE BASKETBALL**  
[www.peachstatehoops.com](http://www.peachstatehoops.com)

## Peach State Summer Finale July 30 & 31, 2010 Georgia Tech CRC – Atlanta, GA

- We will start play Friday morning at 8:30 am.
- Teams will play a combined three games on Friday and Saturday.
- The tournament will be played underneath one roof which guarantees that all players a legitimate chance to play three games in front of Division One coaches.
- There will be five division champions.
- Teams are grouped based on competition level.
- We will limit the field to the first 40 teams. Registration will be on a first come, first paid basis.

Registration is only \$495 per team. Programs bringing three or more teams will receive a multiple team rate of \$450 per team. Please note that team participation is based on a first come, first served basis and a spot is confirmed once full payment is received in the office.

To register, complete the form and mail with your non-refundable money order (NO PERSONAL CHECKS) to:

Peach State Basketball, INC.

PO Box 1981 - Suwanee, GA 30024

For more info, visit [www.peachstatehoops.com](http://www.peachstatehoops.com) or call 404-422-4936.

### Peach State Basketball Summer Finale Registration Form

Team Name \_\_\_\_\_ Age Group \_\_\_\_\_

Contact Name \_\_\_\_\_ Coach Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

The undersigned being the coach of the team named above, hereby agrees to hold Peach State Basketball, the officers and directors faultless in the event of injury or other harm occurring to the team's players during the participation in the tournament. Coach assures the tournament that adequate medical insurance is available and if necessary will be responsible for any medical expenses.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Money Order # \_\_\_\_\_