



TOP 320 SUPER SHOWCASE (October 3, 2010)
PLAYER REGISTRATION FORM

Athlete Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

E-mail Address: _____

All players are encouraged to sign-up for the free player profiles online at www.mgbr.org - Additional event info is sent via e-mail.

Height: _____ Position (Circle): 1 2 3 4 5 GPA: _____

ACT/SAT Score (if applicable): _____ Jersey/Tee-Shirt Size: _____

Graduation Year (CIRCLE): 2011 2012 2013 2014 2015 2016

High School/Coach/Phone/E-mail: _____

Travel Team/Coach/Phone/E-mail: _____

**MAKE CHECKS PAYABLE TO: MGBR
COST \$75**

MAIL TO: MGBR., P.O. Box 777, Michigan Center, MI 49254

By submitting this registration I hereby give permission to the event trainer, event staff and the Michigan Girls Basketball Report to evaluate and treat my child in any situation requiring medical attention or to be taken to and treated by the nearest hospital. I also understand that all costs incurred in procuring such medical treatment and care are my obligation.

Parent/Guardian Signature: _____ Date: _____

Registration is also available online at www.mgbr.org