



March 6th 2016

4-6th Grade Girls

JustAgame Fieldhouse - Downtown Wisconsin Dells

3 Game Minimum

\$205 Entry Fee

Divisions for each age group by school size

**Mt. Olympus Waterpark
passes for each participant**

“The WBCA State Grade School Championship is an event all grade school teams in the state of Wisconsin should participate in to display our states great talent.” Jerry Petitgoue - WBCA Executive Director



200 LaCrosse Street Wisconsin Dells, WI 53965
phone 608-253-6787 fax 608-253-6050 email info@justagamefieldhouse.com
www.justagamefieldhouse.com

March 6th
WBCA State Grade School
Championship
Endorsed by: 
4th-6th Grade Girls

School Teams Only!

DOWNTOWN WISCONSIN DELLS

Registration is also available online at justagamefieldhouse.com on the event page
ABSOLUTE ENTRY DEADLINE IS March 1st @ 11:00am! or until filled

Team Name _____
Address _____
City _____ State _____ Zip _____
Coach _____
Home Phone _____
Cell Phone _____
Email: _____
Ass't Coach _____
Home Phone _____
Email: _____

- 3 game minimum
- Two 19 minute halves running clock
- Must provide a qualified person to keep score or time.
- One scorekeeper and two coaches will be admitted free
- **No refunds will be issued if schedule is already released**
- **Entry is not guaranteed until payment is received**
- **Mt. Olympus Waterpark passes for each participant**
- **Divisions for each age group by school size**
- **A portion of each entry is donated to the WBCA**

TEAM INFO

Circle Gender and Grade

Gender: Girls
Grade: 4th 5th 6th
High School Enrollment: _____

TEAM ENTRY FEE

\$205

IS DUE WITH THE MAILING OF THIS FORM
THIS ENTRY FORM MUST BE RETURNED
WITH PAYMENT NO LATER THAN March 1st
or until filled

CHECK 1 DAY PRIOR FOR SCHEDULE CHANGES

Schedule will be posted @ justagamefieldhouse.com 4 days prior to event only!

Make Checks Payable To: Justagame Fieldhouse And Mail Entries To: Justagame Fieldhouse 200 La Crosse St. Wisconsin Dells, WI. 53965

Any questions, please call Office (608) 253-6787 Fax (608) 253-6050 Visit our website: Justagamefieldhouse.com

____ Check Enclosed ____ MasterCard ____ Visa Card # _____ Exp. Date _____ V-Code _____
Complete Address of Cardholder _____

In signing, I, my heirs, executors and administrators, intending to be legally bound hereby waive and release any and all rights against Wisconsin Dells JustAgame Fieldhouse, host organizations, and representatives from any and all injuries suffered by the coaches and/or players at the specified event.

In signing, I give permission to JustAgame Fieldhouse to release contact information to businesses for the sole purpose of providing opportunities to teams that participate in our events.

Signature _____