



## Wheelchair Division

2017

### Martin Luther King Jr. Basketball Tournament

February 10 – 12, 2017

### Team Registration Form

Date: \_\_\_\_\_

**Please Print**

**Deadline to Register: February 3, 2017**

Team Name: \_\_\_\_\_

Coach's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(Last) (First)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

**RELEASE FORM(S) REQUIRED**

[www.myspar.org](http://www.myspar.org)

A City of Shreveport **Release Form** must be completed by each participant and submitted to SPAR before you will be allowed to participate.

**Registration Fee**

All Payments must be made by cashier's check, money order or \*check made payable to:

*City of Shreveport-SPAR*

\*You must write your driver's license number and expiration date on the check.

**Tournament Registration Forms**

Mail (or fax) a copy of the completed *Registration Form* and mail payment to:

SPAR  
Attn: Jerod Jones  
7401 Jewella Ave  
Shreveport, La 71108

Fax: 318-841-1988  
Attn: Yolanda Bumcon and Theresa Gray-Jacobs

**Any Questions? - Contact:**

Superintendent of Therapeutic Recreation  
Theresa Gray-Jacobs | 318-673-7873

Therapeutic Supervisor  
Yolanda Bumcon | 318-213-0435



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### TEAM ROSTER

**TEAM NAME:** \_\_\_\_\_

No.	Player/Participant's Name	Classification
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		