



*4th Annual Boscobel*

# **Alumni Basketball Tournament**

***Fundraiser to support Boys and Girls Basketball  
and Boscobel Area Health Care Foundation***

**Saturday, March 24, 2012      Boscobel High School**

Player Information *(Please print)*

Name: \_\_\_\_\_ Year of graduation: \_\_\_\_\_

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

Email: \_\_\_\_\_ T-Shirt Size: \_\_S \_\_M \_\_L \_\_XL\_\_2XL

Are you willing to be the team contact for your class? YES / NO

The team contact for each class will be contacted prior to the event with the brackets. If you would like to be included in this communication as well, please make sure to include a legibly printed email address on this registration form.

The cost per player is \$15, which covers the cost of tee-shirt and tournament costs. Any payment in addition to the \$15 fee is tax deductible and goes directly to the Boscobel basketball clubs and Boscobel Area Health Care Foundation.

For more information on registering a team, contact Cheryl Knowles at 608-732-3153 or [jcknowles@centurylink.net](mailto:jcknowles@centurylink.net). For information on how to be a program sponsor, contact Barbara Woods at 608-375-6136 or [bwoods@boscobelhealth.com](mailto:bwoods@boscobelhealth.com).

**Mail registration form and payment to:**

Boscobel Area Health Care Foundation  
205 Parker Street, Boscobel, WI 53805

Enclosed is my fee of (check one):  
\_\_\_\$15 \_\_\_\$25 \_\_\_Other

Please make checks payable to Boscobel Area Health Care Foundation.

**Registration must be received by March 1st to guarantee tee shirt size requested.**