



ELKS NATIONAL HOOP SHOOT • 2016-17 REGISTRATION FORM

Please complete this form and return it to your Lodge Hoop Shoot Director.

IMPORTANT: Contestants may participate in one Lodge contest ONLY.

Sponsoring Elks Lodge _____ No. _____

Contestant's Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Contestant's School _____

Home Phone _____

Parent Email _____

BOY GIRL

Please circle the correct age that the contestant will be on April 1, 2017.

8 9 10
11 12 13

Allergies? YES NO
If yes, please describe: _____

T-SHIRT SIZE (CIRCLE ONE) YOUTH M • YOUTH L • ADULT S
ADULT M • ADULT L • ADULT XL

Below, list the name(s) of the contestant's parent(s) or guardian(s) who will accompany him/her to each Hoop Shoot contest or who should be contacted in case of an emergency.

Name _____ Relationship _____ Cell Phone _____

Name _____ Relationship _____ Cell Phone _____

As the parent and/or legal guardian of the above-mentioned contestant, I hereby request and permit his/her participation in the Elks National Hoop Shoot Free Throw Contest. I assert that the information provided above is correct and true to the best of my knowledge. I may be asked to provide verification of the contestant's date of birth. If unable to provide proper verification, I understand the contestant may be disqualified. I understand that participation in the Elks National Hoop Shoot is at the risk of the contestant and his/her family. I hereby release the Benevolent and Protective Order of Elks USA (BPOE) and the Elks National Foundation, Inc., from any and all claims, demands, liabilities, obligations, damages, costs, expenses, loss of service and actions arising from any act or incident to the contestant's participation or mine in connection therewith. I give consent and authorize the BPOE and the Elks National Foundation, Inc., to use and reproduce the contestant's name and/or likeness to circulate the same for any and all purposes reasonably related to the conduct and promotion of the Elks National Hoop Shoot contests.

Parent/Guardian _____ Signature _____ Date _____

Parent/Guardian _____ Signature _____ Date _____

HOOP SHOOT DIRECTORS ONLY LODGE DIRECTOR COMPLETE THIS SECTION

Name (Please print) _____ Score _____/25 Tiebreaker Score(s) _____/5 _____/5 _____/5
Phone _____ Email _____ Contestant's age verified by: Birth Certificate Passport
Signature _____ Date _____ Other: _____

DISTRICT DIRECTOR COMPLETE THIS SECTION

Name (Please print) _____ Score _____/25 Tiebreaker Score(s) _____/5 _____/5 _____/5
Phone _____ Email _____
Signature _____ Date _____

STATE DIRECTOR COMPLETE THIS SECTION

Name (Please print) _____ Score _____/25 Tiebreaker Score(s) _____/5 _____/5 _____/5
Phone _____ Email _____
Signature _____ Date _____

REGIONAL DIRECTOR COMPLETE THIS SECTION

Name (Please print) _____ Score _____/25 Tiebreaker Score(s) _____/5 _____/5 _____/5
Phone _____ Email _____
Signature _____ Date _____

