

**FT. BELVOIR Annual Veterans Day  
BASKETBALL TOURNAMENT**  
**November 10-12, 2017**

**APPLICATION**

**SEND PAYMENTS TO:** **IMWRF**  
**GRAVES FITNESS CENTER**  
**Abbott Road, Bldg. 2116**  
**FT. BELVOIR, VIRGINIA 22060**

**TEAM NAME:** \_\_\_\_\_ **UNIFORM COLORS:** \_\_\_\_\_

**COACH:** \_\_\_\_\_ **ALTERNATE:** \_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**TEAM ENTRY : Men** \_\_\_\_\_ **Women** \_\_\_\_\_

\*NOTE: No team roster may exceed 14 team members to include coaches

**\*\*\*\*\* NO REFUNDS\*\*\*\*\***

**FOR OFFICIAL USE ONLY:**

DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_ ENTRY DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PAYMENT AMOUNT: \_\_\_\_\_ FORM: ☐ CHECK ☐ CASH ☐ CREDIT CARD

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**THE ANNUAL FT. BELVOIR VETERANS DAY BASKETBALL TOURNAMENT**

1. On behalf of the Ft. Belvoir community, we would like to invite you to our Men's and Women's Basketball Tournament, which will be conducted November 10-12, 2017

2. The following information is provided for your review:

a. **Entry Fee:** Entry Fee is \$375 per team and registration deadline is October 26.

b. **Roster:** Team roster will consist of 15 players and 2 coaches for a total of 17 people. This roster should include first and last name for each player. This information must be provided **NLT November 4.**

c. **Tournament Type:** Bracket Tournament, all teams will play a minimum of 3 games.

d. **Rules:**

1. The 2017 NCAA Basketball rules will apply.

2. All teams need to be prepared to start playing on November 10 at 5 p.m.

e. **Awards:** Individual awards will be presented to the 1<sup>st</sup> and 2<sup>nd</sup> place teams, team trophies for 1<sup>st</sup> and 2<sup>nd</sup> place teams, Men's and Women's MVP Awards.

3. For more information, please contact Justin Fitzgerald, at (703) 806-5093 or [justin.c.fitzgerald.naf@mail.mil](mailto:justin.c.fitzgerald.naf@mail.mil)

**Waiver Statement:** I, the undersigned, realize that participating in the Veterans Day Basketball Tournament is a potentially hazardous activity. I should not enter unless I am medically able. I agree to abide by any decisions of officials relative to safe participation. I assume all risks associated in participating in this event including, but not limited to, falls, contact with other participants, traffic, and all such risks being known and approved by me. Having read this waiver, and knowing these facts, and in consideration of acceptance of my entry, I waive and release the Ft. Belvoir officials, all sponsors, their representatives and successors from the claims of liability of any kind arising out of my participation in this event. I further grant permission to the above named race, and/or agents authorized by them, to use any photographs, video tapes or other records of the event for any reasonable purpose.

X \_\_\_\_\_  
Signature

Date \_\_\_\_\_