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**MAIL REGISTRATION FORM BY WEDNESDAY FEBRUARY 20TH**

3's For The Fight Registration Form Saturday March 9<sup>th</sup> 9am -12noon?  
Valley Central High School Gym 1175 Rte 17k, Montgomery NY  
Vikings Youth Basketball / OCBOA Sponsor / Miles of Hope Breast Cancer Foundation

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

High School \_\_\_\_\_ (circle one) BOY GIRL

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Coach's Name \_\_\_\_\_ Coach's Signature \_\_\_\_\_

T-Shirt Size (circle one) YL AS AM AL AXL A2XL A3XL Other \_\_\_\_\_

The registration fee is \$15 for 2 rounds of 5 station 5 shots [25 total shots] from the 3 point line. The top 10 shooters boys & girls advance to the final round. The top 2 shooters from that round will participate in the "ProTouch Challenge" to determine the overall winner. "ProTouch" is a total of 20 shots, 10 shots from 3 Point range[5 spots] and 10 shots from 15' [5 spots] using a rebounder of your choice. All will receive a T-Shirt for participating. Awards for the Top 10 boys and girls. Trophies and cash prizes will be awarded. \$100 First Place / \$50 Second Place – 3 Point Shooting Challenge

**Important Notice:** I hereby authorize my child, whose name appears above, and hereby release the Village of Montgomery, Valley Central School District, OCBOA, Miles of Hope, its employees and volunteers from any liability, claims, damages or expenses, sustained by my child in connection with such participation. In case of injury while at the program, I give permission for my child to be taken to a hospital for treatment (to include evaluation for injuries, x-rays) and any needed care. I understand the group leader will try to contact me in case injury occurs. I have explained to my child that she/he is to obey the volunteer coaching staff and to follow the rules, regulations set by them, and the facilities.

\_\_\_\_\_ Date \_\_\_\_\_  
(parent or legal guardian signature)

Please mail this registration form to **Bruce Chapin, 2447 St Rt 17K, Montgomery, NY 12549** and a check for \$15 made out to **"Bruce Chapin"- memo line "Miles of Hope"**  
Any questions please contact Bruce Chapin 845-361-3748 / chapin@frontiernet.net

Round 1  
1 2 3 4 **5** 6 7 8 9 **10** 11 12 13 14 **15** 16 17 18 19 **20** 21 22 23 24 **25**  
Total \_\_\_\_\_

Round 2  
1 2 3 4 **5** 6 7 8 9 **10** 11 12 13 14 **15** 16 17 18 19 **20** 21 22 23 24 **25**  
Total \_\_\_\_\_

