

4th ANNUAL
SPARC
3ON3
**Basketball
Challenge**

When: SUNDAY, MARCH 26
Games starting at 12 p.m.

Where: PARKVIEW HIGH SCHOOL

Who: GRADES 3rd-8th

Register by Wednesday, March 22!

**Registration information on back
Hurry Space is Limited!**

For more information contact:

Adam Kriegshauser @ 874-2838

Email: SPARC@springfieldmo.gov

Info and rules @ Parkboard.org/SPARC

Proudly sponsored by:



**REGISTER
ONLINE**

**Jodie Adams
Go For It Fund**

Parks...Something for Everyone!

Proceeds will benefit the Springfield-Greene County Park Board Scholarship Fund



SPARC 3-ON-3



Team Information

Team Name _____

Coach's Name _____

Coach's E-mail _____

Coach's Phone Number _____

Division:

Boys Girls

(Coed teams must play in Boys division)

3rd-4th 5th-6th 7th-8th

(Division based on oldest player's grade)

1. _____	_____	_____
Player 1	Grade	Parent/Guardian Signature**
2. _____	_____	_____
Player 2	Grade	Parent/Guardian Signature**
3. _____	_____	_____
Player 3	Grade	Parent/Guardian Signature**
4. _____	_____	_____
Player 4 (Maximum of 4 Players)*	Grade	Parent/Guardian Signature**

*All players must be named on this form; no player substitutions will be allowed after your team's first game.

**My family and I hereby waive and release the Springfield-Greene County Park Board and its representatives from claims for damages and/or injuries incurred while participating in or as a spectator of Springfield-Greene County Park Board activities.

Registration Information

Return registration forms in person, via mail, or fax (with appropriate fee) to:

SPARC Office
300 E. Harrison St
Springfield, Mo 65806
Fax: 417-831-1769

Registration Deadline is Wednesday, March 22
Must be postmarked by Friday, March 17

* Coaches will be contacted regarding first game times and rules by Friday, March 24 *

Cash Check Credit Card

Can your child be photographed? Yes _____ No _____

Card Type: ___ VISA ___ Master Card ___ Discover ___ American Express Expiration Date: ___/___/___

Card Number: ___ ___ ___ / ___ ___ ___ / ___ ___ ___ / ___ ___ ___

X _____
Signature, exactly as it appears on the card

X _____
Print Name, exactly as it appears on the card

TOTAL FEES ENCLOSED:

\$ 50.00

- Make checks payable to SPARC (include driver's license number)
- A \$20 fee will be applied to all insufficient payments

Cancellation Policy

- Cancellation requests must be submitted by Wed, March 22nd. The request must state "Request For Refund" (minus a \$10.00 processing fee).
- Requests must be submitted to the SPARC office via fax, email, mail or in person.
- If approved, refunds take 2-3 weeks.

FOR OFFICE USE ONLY: Date: _____ Received By: _____ Receipt Number: _____

Fee Paid _____ CC _____ Cash _____ Check Number: _____ Entered in Active _____