



# ELKS NATIONAL HOOP SHOOT • 2017-18 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, 2018.**

**8    9    10**  
**11    12    13**

Allergies?  **YES**  **NO**  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

**T-SHIRT SIZE**    YOUTH M • YOUTH L • ADULT S  
(CIRCLE ONE)    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 \_\_\_\_\_ Email \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Email \_\_\_\_\_  
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:  Yes  No  
Signature \_\_\_\_\_ Date \_\_\_\_\_

### 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 \_\_\_\_\_

