



An Initiative Of
SOCIALSERVICESNETWORK
serving diverse communities

1ST ANNUAL

CO-ED 3 ON 3

HOOPS for HUNGER

TOURNAMENT



**SATURDAY
 JUNE 5, 2010**

9 AM - 5 PM

**Milliken Mills
 High School**

7522 Kennedy Road, Unionville, L3R 9S5

Bring canned or non-perishable foods
Help us fight hunger!

First Come, First Serve

**Deadline to Register: Saturday May 22, 2010
 Registration Fee: \$5 per player**

Registration forms available:
www.socialservicesnetwork.org/hoopsforhunger

Age:
 Under 20

Prizes to
 be won!

For more info:

Call: 416 561 7832 | Email: youth@socialservicesnetwork.org

www.socialservicesnetwork.org

Volunteer hours
 available on request



Registration Form

Note: The team leader must collect all team members' registration form and team program fee.
 Mail/drop off the completed registration form along with the fee to:
Social Services Network, Suite 214, Markham, ON, L3R 5H5
(Cheque payable to: Social Services Network)
NO REFUNDS

OFFICE HOURS: Monday—Friday 9 to 5 pm | Saturdays 11—1pm (please call in advance)

RULES:

- Each team is made up of 3 players and optional 2 substitutes
- All players including substitute players must bring canned or non-perishable food items. Thank you for helping us fight hunger
- Program fee is \$5 per player
- Teams are to respect officials and supervisors

Team Name: _____

First Name: _____ Last Name: _____

I am the team leader a team member Gender: F M

Address: _____

City: _____ Postal Code: _____

Cell: _____ Home Phone: _____

Email: _____

Age: 14 15 16 17 18 19 20

Place of Birth: _____ Years in Canada _____

School: _____ Yr/Gr: _____

Where did you hear about this tournament? _____

Health Card#: _____

Emergency Contact Person: _____ Contact Number: _____

Participant Waiver/Release Agreement

I acknowledge participating at my own risk and I hereby waive liability of any and all claims against SSN, its sponsors and partners for personal injury, death or property damage which may directly result from my participation in the tournament on June 5, 2010. I acknowledge that my image may be recorded (by video or photograph) during the event. I agree to use of my name and image in broadcasts, newspapers, brochures, promotional material and other media without compensation.

Signature of Participant _____ Signature of Guardian (if under 18) _____ Date _____

Office Use Only:

Date Received: _____ by: _____

Fee: \$ _____ Cash Cheque#: _____