3 ON 3 BASKETBALL TOURNEY

TOURNAMENT DATE: Friday, September 11th, 2026

TEAM NAME: _____

PLAYER'S NAMES:

1. _____
2. _____
3. _____
4. _____

There is a $40.00 entry fee per team. Contest is open to adults aged 16 and older.

TEAM CONTACT:

NAME: _____

PHONE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

ALL PARTICIPANTS MUST SIGN THE FOLLOWING RELEASE:

LIABILITY FORM: In consideration of the acceptance of this entry, we for ourselves, executors, administrators, and assignees, do hereby release and discharge the Dale Fall Festival Committee, Town of Dale, all sponsors, and all employees of the aforementioned organization for all claims of damages, demands, actions whatsoever in any manner arising or growing out of our participating in said athletic event. We attest and verify that we are physically fit and sufficiently trained to participate in this event and are covered by an accident or health insurance policy in the event that participant is injured in the Dale Fall Festival 3 on 3 basketball tourney.

PLAYER #1 SIGNATURE: _____

PLAYER #2 SIGNATURE: _____

PLAYER #3 SIGNATURE: _____

PLAYER #4 SIGNATURE: _____