

**Arlington Community March Mania**  
Basketball Tournament



# Team Registration Form

**2010 Arlington Community March Mania Basketball Tournament**  
**March 6 & 7, 2010**  
**Thomas Jefferson Community Center**  
**3501 South 2<sup>nd</sup> Street, Arlington, VA 22204**  
**Two divisions – Two days**  
**Featuring Adult Competitive and Recreational Teams**  
 (must be 18 or older to play, no former college players on Recreational Teams)



Round robin format, top teams advance to single elimination tournament

[www.arlingtonredcross.org](http://www.arlingtonredcross.org)

*All proceeds benefit the Arlington County Chapter of the American Red Cross.*

**Team Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

\_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**Preferred Division:**  **Competitive**  **Recreational**

Registration of teams is on a first come, first served basis. Once we have enough teams, additional teams will be placed on a waiting list if they so desire. The team roster and liability waiver forms will be sent to team captain after registration is complete.

Pairings and game times will be emailed to the team contact during the week of March 1, 2010.

Awards for First and Second place teams in each division.

- We will be a Tournament Sponsor. Enclosed is \$10,000. (Includes registration for up to 3 teams)
- We will be a Court Sponsor. Enclosed is \$5,000. (Includes registration for up to 2 teams)
- We will be a Game Sponsor. Enclosed is \$1,000. (Includes registration for 1 team)
- Enclosed is our \$600 team registration fee. **REGISTRATION DEADLINE– February 6, 2010**

Payment may be made online using the “Donate” button on our website [www.arlingtonredcross.org](http://www.arlingtonredcross.org)

Payment form: \_\_\_\_\_ check payable to Arlington County Red Cross **or** \_\_\_\_\_ credit card (VISA, MC, AMEX)

Name on card \_\_\_\_\_ Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing address for this account: (street) \_\_\_\_\_  
 (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip) \_\_\_\_\_

Signature of card holder \_\_\_\_\_

**Each team receives:** 10 numbered event T-shirts (may be worn as playing jerseys)  
 One team photo  
 Refreshments for the team members during the tournament (fruit and water)

**Mail form and payment information to:**

Arlington County Chapter, American Red Cross,  
 Attn: Julia Wright  
 4333 Arlington Blvd,  
 Arlington, VA 22203

*For more information, contact: Julia Wright, 703-527-3010 X 737, [jwright@arlingtonredcross.org](mailto:jwright@arlingtonredcross.org)*