

Marshall County Feeder Tournament 2026

Tournament Registration Form

Team Name: _____

Grade level: _____

Gender: _____

Coaches' Information:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Team Contact or Assistant Coach (Leave blank if information is same as above)

Name: _____

Address: _____

City: _____ **State:** _____. **Zip:** _____

Phone: _____ **Email:** _____

RELEASE:

In consideration of being allowed to participate, I, _____ the undersigned representative of the above listed team, waive all claims for injury, accidents, or loss of any kind and hereby release Marshall County Feeder Basketball Tournament and all tournament facilities, their employees, members, and representatives from any claims. In addition, I verify that all information contained on this form and all others is true and accurate.

Signature: _____

Date: _____

Entry Fee \$250 per team (will be discounted if bringing multiple teams)

Make checks payable to: Marshall County Youth Basketball

Mail to: Grant Mathis, 68 John Mason Dr. Benton, KY 42025