# Bixby Middle School PTO presents $1^{\text {st }}$ Annual All-Star Spartan Night <br> March 29th, 2019 - Bixby High School Gym 

## Team Registration Form - Team Registration Deadline is March 4, 2019

Team Name: $\qquad$ Grade (check one): grade $6^{\text {th }}$ $\qquad$ grade $7^{\text {th }}$ $\qquad$ 8th $\qquad$

Team Parent: Printed name $\qquad$ Signature $\qquad$
Team Parent: Cell Phone \# $\qquad$ Email $\qquad$
${ }^{* * *}$ Mandatory ${ }^{* * *}$ - Each team must provide at least one volunteer (other than the team parent above) to help referee, or one of the other volunteer spots. It takes approximately 70 people to staff positions on tournament night.

Tournament night team parent Volunteer: Printed name $\qquad$ Cell \# $\qquad$
Email $\qquad$

Please return this registration form, $\$ 80$ team entry fee and all signed waivers (one for each player)
together to the office of your child's school or at the mandatory parent meeting.
${ }^{* * *}$ Mandatory $^{* * *}$ - Each team parent and/or tournament night team parent volunteer must attend an informational meeting at the Bixby Middle School cafeteria on Monday, March 4th at 6:30 p.m. Registrations and waivers can be turned in at this meeting. Confirmation of receipt of all paperwork will be done, rules will be distributed \& sign up for tournament night volunteer positions will take place. Questions? Please contact BMS PTO, Jen Hill @ 918-740-8663.

## TEAM ROSTER

| 1. Player Name: | Parent Name: | Parent Cell: |
| :---: | :---: | :---: |
| 2. Player Name: | Parent Name: | Parent Cell: |
| 3. Player Name: | Parent Name: | Parent Cell: |
| 4. Player Name: | Parent Name: | Parent Cell: |
| 5. Player Name: | Parent Name: | Parent Cell: |
| 6. Player Name: | Parent Name: | Parent Cell: |
| 7. Player Name: | Parent Name: | Parent Cell: |
| 8. Player Name: | Parent Name: | Parent Cell: |


| Format: | The tournament will be single elimination. Brackets will be determined by a random drawing. Student teams may be all male, all female, or coed, and consist of $\boldsymbol{8}$ students currently enrolled at a Bixby Public School. Team members must be in a grade for the division in which their team is entered. For example, a $7^{\text {th }}$ grader cannot play on a Intermediate $6^{\text {th }}$ grade team. |
| :---: | :---: |
| Entry Fee: | \$80 per team. <br> MAKE CHECKS PAYABLE TO BMS PTO. Sorry, no refunds. (Team names and uniforms must comply with Bixby Public School District Policy.) |
| Location: | Whitey Ford Center, Bixby High School gymnasium - All team members must be present before check-in on the day of the tournament. Parents of players will be contacted to volunteer to help the day of the event or may sign up by calling Traci Jones 918-740-8663 |
| Event Date: | Friday, March 29th - competition starting at 5:30 p.m. (Teacher matches tentatively scheduled between grade divisions) |
| Check-in: | 5:00 $\mathrm{pm} \quad \mathbf{6}^{\text {th }} \mathbf{8}^{\text {th }}$ grade ${ }^{\text {a }}$ (Times subject to change based on \# of teams registered. |

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Paid by: Check $\qquad$ Check\# $\qquad$ Cash $\qquad$

