



ELKS NATIONAL HOOP SHOOT • 2015-16 REGISTRATION

Please complete this form and return it to your Lodge Hoop Shoot Director.

IMPORTANT: Contestants may participate in one Lodge contest ONLY.

Sponsoring Elks Lodge High Point Elks Lodge No. 1155

Contestant's Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Contestant's School _____

Home Phone _____

Parent Email _____

Allergies? ☐ YES ☐ NO

If yes, please describe: _____

☐ BOY ☐ GIRL

Please circle the correct age that the contestant will be on **April 1, 2016.**

8 9 10
11 12 13

~~T-SHIRT SIZE (CIRCLE ONE) YOUTH M • YOUTH L • ADULT S
ADULT M • ADULT L • ADULT XL~~

Below, list the name(s) of the contestant's parent(s) or guardian(s) who will accompany him/her to each Hoop Shoot contest or who should be contacted in case of an emergency.

Name _____ Relationship _____ Cell Phone _____

Name _____ Relationship _____ Cell Phone _____

As the parent and/or legal guardian of the above-mentioned contestant, I hereby request and permit his/her participation in the Elks National Hoop Shoot Free Throw Contest. I assert that the information provided above is correct and true to the best of my knowledge. I understand that participation in the Elks National Hoop Shoot is at the risk of the contestant and his/her family. I hereby release the Benevolent and Protective Order of Elks USA (BPOE) and the Elks National Foundation, Inc., from any and all claims, demands, liabilities, obligations, damages, costs, expenses, loss of service and actions arising from any act or incident to the contestant's participation or mine in connection therewith. I give consent and authorize the BPOE and the Elks National Foundation, Inc., to use and reproduce the contestant's name and/or likeness to circulate the same for any and all purposes reasonably related to the conduct and promotion of the Elks National Hoop Shoot contests.

Parent/Guardian _____ Signature _____ Date _____

Parent/Guardian _____ Signature _____ Date _____

HOOP SHOOT DIRECTORS ONLY

LODGE DIRECTOR COMPLETE THIS SECTION

Name (Please print) Bob Gold, Jr.

Phone 336.689.3058 Email bobgold18@gmail.com

Signature Bob Gold Jr. Date 1/09/2016

Score _____ /25 Tiebreaker Score(s) _____ /5 _____ /5 _____ /5

Contestant's age verified by: ☐ Birth Certificate ☐ Passport

☐ Other: _____

DISTRICT DIRECTOR COMPLETE THIS SECTION

Name (Please print) _____

Phone _____ Email _____

Signature _____ Date _____

Score _____ /25 Tiebreaker Score(s) _____ /5 _____ /5 _____ /5

STATE DIRECTOR COMPLETE THIS SECTION

Name (Please print) _____

Phone _____ Email _____

Signature _____ Date _____

Score _____ /25 Tiebreaker Score(s) _____ /5 _____ /5 _____ /5

REGIONAL DIRECTOR COMPLETE THIS SECTION

Name (Please print) _____

Phone _____ Email _____

Signature _____ Date _____

Score _____ /25 Tiebreaker Score(s) _____ /5 _____ /5 _____ /5

