

STOP-DWI Holiday Classic Tournament Application



Please print or type

School _____ Team Mascot/Colors _____

Address _____ City _____ State _____ Zip _____

Athletic Director _____ E-mail _____

Home Phone () _____ Work Phone () _____ Fax () _____

Coach _____ Work Phone () _____

Home Phone () _____ Cell Phone () _____ Fax () _____

Coach's E-mail _____

League/Class _____ School Web Page Address _____

Year to participate: _____ **National Competition Division – eight teams (3 games).**
Teams arrive on December 27 and playing dates of games are December 28, 29, and 30.

1. Are you interested in participating in the STOP-DWI Holiday Classic Tournament?
 Yes Please forward our name and the attached information to the tournament selection committee.
2. Is your school a member of your state's public high school athletic association? Yes No
3. Does your team play against any public schools in your state's athletic association? Yes No
4. Can your team play on Sunday's? Yes No
5. No, we are not interested in participating in the tournament for the following reasons:
 Dates Competition Level Can not play 3 games in 3 days
 Other (please specify): _____
6. Recent accomplishments of our basketball program include: **Please attach Information**
7. Our outstanding underclassmen are: **Please attach list of names, class and STATS**
8. **Please include your current varsity and junior varsity rosters, stats and schedule (win/loss). Highlight starters for both teams.**
9. **NOTICE OF COMPLIANCE** – New York State Public High School Athletic Association. Please be advised that Broome County STOP-DWI will forward this application to the National Federation of State High Schools and N.Y.S.P.H.A.A. for verification of eligibility to play in the STOP-DWI Holiday Classic. Acceptance of your school to participate is contingent upon this approval.

Please complete and return at your earliest convenience to:

Richard D. Westfall, Tournament Director
 STOP-DWI Program Manager
 Broome County STOP-DWI Program
 Broome County Court House
 P.O. Box 1766
 Binghamton, New York 13902

Work Phone: (607) 778-2056
 Work Fax: (607) 778-2908
 Home Phone: (607) 785-5193
 e-mail: bcstopdwi@co.broome.ny.us
www.bcstopdwi.com