

9th Annual Old Rochester Travel Basketball Association

Rodney Thomas Holiday Tournament



December 28-30, 2018

Friday, December 28 – Games beginning at 12:00 pm

Saturday, December 29 – Games beginning at 8:00 am

Sunday, December 30 – Games 8:00 am – 6:00 pm

We encourage towns from all over the region to participate in hopes of playing games against teams they don't normally see. The venue, Tabor Academy is made for hosting basketball tournaments providing a great environment with three divided courts in their Field House along with the Main Gymnasium.

What:	Pool play to championship, 3-game minimum	When:	December 28-30, 2018
Where:	Tabor Academy - 66 Spring Street, Marion MA	Cost:	\$265 per team
Who:	Boys Grades 4 th -8 th & Girls Grades 5 th – 8 th	Level:	A & B - No AAU teams.

Other:

- 2 Certified SMBO Referees for each game
- Flexible with scheduling requests, minimum waits between games
- T-Shirts for winners at each grade level
- Town discounts 3+ teams = \$240 per team
- Full event last year - **Deadline: December 19th**

How to enter: Fill out below form and return with payment or visit ORTBA.org and register online. Spots held upon payment receipt. Questions: email: gyeomans@bayclubmatt.com or Phone inquiries Greg Yeomans at 508-916-0561. Teams may also register online at www.ortba.org.

Please detach and return with payment

Town: _____ Level: A B Grade: _____ Gender: _____

Head Coach: _____

Cell Phone: _____ Text Y or N Email: _____

Requests: _____

Payment must accompany registration to be accepted. Make checks payable to: **ORTBA**

Mailing address: Greg Yeomans, 54 Holmes Street, Marion, MA 02738

In registering for the Old Rochester Holiday Basketball Tournament, the Coach and registering organization shall warrant that all players waive and release ORTBA and the owners of the facilities where the games are being played from any and all liability from injury, illness, or death while playing in this tournament. Any medical treatment for players and coaches will be at the discretion of the coach and payment of any such medical expenses shall be the sole responsibility of the person treated.

Coach's Signature _____ Date _____