



# HOOPS FOR HAPPINESS

a benefit for  MOSAIC in Tri-Cities

## Participant Entry Form

(please print Athlete Information)

\_\_\_\_\_  
First Name Last Name

\_\_\_\_\_  
 Male  Female Age Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Daytime Phone Evening Phone Mobile Phone

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Emergency contact name and phone number (please list a parent/guardian for athletes under age 18)

<b>T-Shirt Size</b>	Adult:	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> X-Large	<input type="checkbox"/> XX-Large
	Youth:	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large		

*Please sign the waiver on the back side of this form.*



A life of possibilities for people with intellectual disabilities.

2846 Old Fair Road | Grand Island, NE 68803-5222  
308.381.1690 | [www.mosaiccentralne.org](http://www.mosaiccentralne.org)