3RD ANNUAL RIM-AU
INVITATIONAL WHEELCHAIR BASKETBALL TOURNAMENT

SportsAbility
REHABILITATION INSTITUTE OF MICHIGAN

ATHLETES UNLIMITED

TEAM REGISTRATION

Team:_____

☐ Men's Division ☐ Junior Division

Team Contact Information:

Name:_____ Email: _____Phone: _____

Address: _____City: _____State: _____ Zip: _____

Class	#	Last Name, First Name	T-Shirt Size (S, M, L, XL, 2X, 3X, Youth S, M, L, XL)	Player	Coach	Staff
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We will be arriving: ☐ Friday night ☐ Saturday morning