

**Fort Campbell Recreation Division** 

Commitments Support Military Mission Enhance Well-Being Build Community

## Intramural Sports Program Community 3 on 3 Basketball Tournament

| I, (Coaches Name)    | approve my team  |           |  |  |  |  |
|----------------------|--|-----------|--|--|--|--|
|                      | _ to enter the Community 3 on 3 Basketball Tournan       | nent      |  |  |  |  |
| beginning on 3 May   | <sup>,</sup> 2024. (Team captain Name)                   | _ will be |  |  |  |  |
| responsible for prov | riding all required information to the Intramural Sports | Office    |  |  |  |  |
| NLT 29 April 2024.   | I further understand that my team is required to conta   | act the   |  |  |  |  |
| Sports Office at (27 | 0) 798-3320 or (270) 881-7105 prior to 2pm/1400hrs       | if my     |  |  |  |  |
| team will not be ava | ailable to play.   |           |  |  |  |  |
|                      |  |           |  |  |  |  |

| Coach: |  |
|--------|--|
|        |  |

| Email: |      |      |      |  |   |
|--------|------|------|------|--|---|
|        | <br> | <br> | <br> |  | _ |

(Coach's Signature Block)

## \* Must turn in Team Roster with this request.

Sports Office: \_\_\_\_\_

| ate: |  |  |  |  |
|------|--|--|--|--|
|      |  |  |  |  |