



**Mae Fisher Memorial 23rd Annual
NATIONAL YOUTH BASKETBALL
CHAMPIONSHIPS/LAS VEGAS SUMMER CLASSIC
JULY 27-31, 2008 / LAS VEGAS, NEVADA**

TOURNAMENT INFORMATION

- ★ Pool play, with all teams advancing to the championship round.
- ★ 4 game guarantee.
- ★ Games played at top facilities in Las Vegas.
- ★ Normal high school rules with stop clock on all dead balls for all age divisions.
- ★ Play starts on Sunday, July 27 and ends Thursday, July 31.
- ★ **The tournament will take place during a live period for D1 coaches.**
- ★ Trophies awarded to 1st & 2nd place team members in each division.
- ★ Winning teams also receive a national championship team trophy.
- ★ **Every participating player receives a tournament t-shirt .**
- ★ Players are eligible by either grade or age in boys' divisions; and by age in girls' divisions.
- ★ Enter both the Main Event and this tournament for \$990—a \$200 discount!

Registration is \$595 per team (\$50 off if you participated in one of our Spring 2008 tournaments). Please note that team participation in the tournament is based on a first come first served basis and a spot is confirmed once full payment is received. To register, complete the form in this brochure and mail with your cashiers check or money order (no personal checks) to: Vision Sports, PO Box 5247, Kingwood, TX 77325

FOR MORE INFO CALL 1-800-499-6692



**LIVE PERIOD FOR
DIVISION 1
COLLEGE COACHES !**

**FREE NIKE DESIGNED
TOURNAMENT T-SHIRT
FOR EACH PLAYER!**

BOYS DIVISIONS

**9U/ 3rd grade 14U/8th grade
10U/4th grade 15U/9th grade
11U/5th grade 16U/10th grade
12U/6th grade 17U/11th grade*
13U/7th grade**

**Unsigned seniors allowed*

Boys must meet either age or grade qualification for their division (age as of 9/1/08)

GIRLS DIVISIONS

**11U/5th grade 14U/8th grade
12U/6th grade 15U/9th grade
13U/7th grade Varsity**

Girls must meet either age or grade qualification for their division Age determining date for girls is 1/1/08

NATIONAL YOUTH BASKETBALL CHAMPIONSHIPS REGISTRATION FORM

Boys / Girls Team (circle one)

Team Name _____ Division _____

Contact Name _____ Coach Name _____

Address _____

City _____ ST _____ ZIP CODE _____

Phones _____ C: _____

Fax _____ E-Mail _____

The undersigned being the coach of the team named above, hereby agrees to hold Vision Sports, the officers and directors faultless in the event of injury or other harm occurring to the team's players during the participation in all tournament events. Coach assures the tournament that adequate medical insurance is available and if necessary will be responsible for any medical expenses.

Signature _____ Date _____

Please note that your team is not confirmed in the tournament until full payment is received.
Make checks payable to "Vision Sports" and mail to PO Box 5247, Kingwood, TX 77325. Entry Fee is \$595 per team.
Please note: No refunds will be issued if you cancel registration.