



# ELKS NATIONAL HOOP SHOOT • 2013-14 REGISTRATION APPLICATION

Please complete this form and return it to your local Hoop Shoot Director.

**IMPORTANT: Applicants may participate in one Lodge contest ONLY.**

☐ BOY ☐ GIRL

Please circle the correct age  
that the applicant will be on  
APRIL 1, 2014:

8 9 10  
11 12 13

APPLICANT'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

T-SHIRT SIZE (CIRCLE ONE): YOUTH M • YOUTH L • ADULT S  
ADULT M • ADULT L • ADULT XL

DATE OF BIRTH: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Please list below the name(s) of the contestant's parent(s) or guardian(s) who will accompany him/her to each contest or who should be sought in case of an emergency:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

SPONSORING ELKS LODGE: \_\_\_\_\_ No: \_\_\_\_\_

As the parent and/or legal guardian of the above-mentioned contestant, I hereby request and permit his/her participation in the Elks National Hoop Shoot Free-Throw Contest. I assert that the information provided above is correct and true to the best of my knowledge. I understand that participation in the Elks National Hoop Shoot is at the risk of the contestant and his/her family. I hereby release the Benevolent and Protective Order of Elks of the USA and Elks National Foundation, Inc., from any and all claims, demands, liabilities, obligations, damages, costs, expenses, loss of service and actions arising from any act or incident to the applicant's participation or mine in connection therewith. I give consent and authorize the BPOE and Elks National Foundation, Inc., to use and reproduce the applicant's name and/or likeness and to circulate the same for any and all purposes reasonably related to the conduct and promotion of the Elks National Hoop Shoot contests.

NAME OF PARENT/ GUARDIAN: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF PARENT/ GUARDIAN: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AREA BELOW FOR OFFICIAL USE ONLY

## HOOP SHOOT DIRECTORS

Complete the appropriate portion of this form for each of your contest winners. Forward all completed forms to your supervising Hoop Shoot Director.

### LODGE DIRECTOR

NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

SCORE: \_\_\_\_ /25 TIE-BREAKER SCORE(S): \_\_\_\_ /5 \_\_\_\_ /5 \_\_\_\_ /5

DATE: \_\_\_\_\_ CONTESTANT AGE VERIFIED BY: ☐ BIRTH CERTIFICATE ☐ PASSPORT ☐ OTHER: \_\_\_\_\_

### DISTRICT DIRECTOR

NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

SCORE: \_\_\_\_ /25 TIE-BREAKER SCORE(S): \_\_\_\_ /5 \_\_\_\_ /5 \_\_\_\_ /5

DATE: \_\_\_\_\_ CONTESTANT AGE VERIFIED BY: ☐ BIRTH CERTIFICATE ☐ PASSPORT ☐ OTHER: \_\_\_\_\_

### STATE DIRECTOR

NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

SCORE: \_\_\_\_ /25 TIE-BREAKER SCORE(S): \_\_\_\_ /5 \_\_\_\_ /5 \_\_\_\_ /5

DATE: \_\_\_\_\_ CONTESTANT AGE VERIFIED BY: ☐ BIRTH CERTIFICATE ☐ PASSPORT ☐ OTHER: \_\_\_\_\_

### REGIONAL DIRECTOR

NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

SCORE: \_\_\_\_ /25 TIE-BREAKER SCORE(S): \_\_\_\_ /5 \_\_\_\_ /5 \_\_\_\_ /5

DATE: \_\_\_\_\_ CONTESTANT AGE VERIFIED BY: ☐ BIRTH CERTIFICATE ☐ PASSPORT ☐ OTHER: \_\_\_\_\_

The Elks National Hoop Shoot program is sponsored by the Elks National Foundation, Inc. The Elks National Foundation helps Elks build stronger communities through programs that support youth, honor veterans, and meet needs in areas where Elks live and work. For more information, visit [www.elks.org/enf](http://www.elks.org/enf).

2750 N. Lakeview Ave., Chicago, IL 60614 | 773/755-4758 | [enf@elks.org](mailto:enf@elks.org) | [www.elks.org/enf](http://www.elks.org/enf)

