



INSTITUTION ENTRY FORM

INSTITUTION: _____

ADDRESS: _____

INTRAMURAL COORDINATOR: _____

OFFICE PHONE: _____ CELL PHONE: _____

E-MAIL: _____ FAX: _____

NUMBER OF TEAMS:

MEN ____

WOMEN ____

Entry Fee: \$225 per team if entry postmarked by February 8 (Early registration)
\$250 per team if entry postmarked after February 8

____ (Total # of teams) X \$ ____ (entry fee per team) = \$ ____ (amount due)

Payment Type: Cash ____ Check ____ Check # _____ Money Order _____

Institutional Credit Card: Type: _____ Card # _____ Exp. _____

ENTRY FORMS DUE: by 5:00pm, Friday, February 12th; Fax: 404.413.1768

*Please make institutional checks or money orders payable to: **Georgia State Officials Association***

Mailing Address:

Andy Hudgins
Georgia Collegiate Basketball Championships
Po Box 3975
Atlanta, Ga 30302-3975