

ELKS HOOP SHOOT • 2023-24 REGISTRATION FORM

Please complete this form and return it to your Lodge Hoop Shoot Director. IMPORTANT: Contestants may participate in ONLY ONE Lodge contest.

Contestant's Name	Connecting Eller Lodge		No.	BOY GIRL
Address	Sponsoring Eiks Louge			
Addresss	Contestant's Name		Date of Birth	
Pereince Phone			Zip	
Parent Phone	Address	City	State	
Parent Email	Previously Participated? Yes	No If yes, how many p	orior years?	- 11 12 13
Parent Email	Parent Phone	Allergies?	YES NO	
Below, list the name(s) of the contestant's parent(s) or guardian(s) who will accompany them to each Hoop Shoot contest or who should be contacted in case of an emergency. Email				(CIRCLE ONE) ADULT 5 • ADULT M
Name	Parent Email	11 0		ADULT L • ADULT XL
Name	Balance list the name (s) of the se	ontostant's naront(s) or quardi	an(s) who will accompany then	n to each Hoop Shoot contest
Relationship	or who should be contacted in	case of an emergency.	ants) who will accompany then	n to cuen morp amost contract
Name			Email	
Name	Name	Relationship	Cell Pho	ne
At the parent and/or legal guardian of the above-mentioned contestant, Intereby request and permit their participation in the Eliks Hoop Shoot Free Throw Contest. I assert that the information provided above is correct and true to the best of my knowledge. I may be asked to provide verification of the contestant's date of first. If unable to provide proper verification, I understand the contestant may be degualified. I more any and all claims, demands, liabilities, obligations, damages, costs, expenses, loss of service and actions arising from any act or incident to the contestant's participation or mine its connection thereonist, give consent and suchinist the Disc and the Eliks 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 contestant's participation or mine its connection thereonist, give consent and submirise the Disc and the Eliks National Foundation, inc., from any and all claims, demands, liabilities, object contests. Parent/Guardian Signature Date HOOP SHOOT DIRECTORS ONLY LODGE DIRECTOR COMPLETE THIS SECTION Name (Please print) Score/25 Tiebreaker Score(s)/5/5/5 /5/5 /5/5 /5/5			Email	
correct and true to the best of my knowledge, I may be asked to provide verification of the contestant's date of brith. If unable to provide proper verification, I understand that participation in the Eliks brog Shoot is at the risk of the contestant and that it family. Thereby release the benevolent and Troctective Order of Elis USA (BPOE) and the Eliks habitoral Foundations, many and all claims, demands, labilities, obligations, damages, costs, expenses, loss of service and actions arising from any act or incident to the contestant's participation or mine in convendent on which is promotion of the Elik Hoop Shoot contests. **Parent/Guardian** **Bignature** **Date** **Date** **Date** **Parent/Guardian** **Bignature** **Date** **Date**	Name	Relationship	Cell Pho	ne
HOOP SHOOT DIRECTORS ONLY LODGE DIRECTOR COMPLETE THIS SECTION Name (Please print)	any and all claims, demands, liabilities, obligations, dar and authorize the BPOE and the Elks National Foundati promotion of the Elks Hoop Shoot contests.	mages, costs, expenses, loss of service and actions aris ion, Inc., to use and reproduce the contestant's name	sing from any act or incident to the contestant's partic and/or likeness to circulate the same for any and all p	urposes reasonably related to the conduct and
HOOP SHOOT DIRECTORS ONLY LODGE DIRECTOR COMPLETE THIS SECTION Name (Please print)	Parent/Guardian	Signat	ure	Date
Name (Please print)	Parent/Guardian	Signat	ure	Date
Name (Please print) Score/25 Tiebreaker Score(s)/5/5 Phone Email Date Contestant's age verified using the Hoop Shoot Age-Group calculator found at enf.elks.org/HSAC: Yes Note		HOOP SHOOT [DIRECTORS ONLY	-
Phone Email Contestant's age verified using the Hoop Shoot Age-Group calculator found at enf.elks.org/HSAC: Yes Note		LODGE DIRECTOR CO	MPLETE THIS SECTION	
Signature	Name (Please print)			
Date	PhoneEmai	il	Contestant's age verified using	the Hoop Shoot Age-
Name (Please print)	Signature	Date	Group Calculator found at efficiency.org/115AC.	
Phone Email		DISTRICT DIRECTOR C	OMPLETE THIS SECTION	
Signature	• 200			() (5)5
STATE DIRECTOR COMPLETE THIS SECTION Name (Please print)			Score/25 Tiebreaker Sco	ore(s)/5/5
Name (Please print)	Signature			1
Phone Email			1	
Signature				ore(s) /5 /5 /5
REGIONAL DIRECTOR COMPLETE THIS SECTION Name (Please print)				orc(3)/ 3/ 3
Name (Please print) PhoneEmail	Signature		COMPLETE THIS SECTION	
PhoneEmail	N (D)			
THORE	Control of the Contro			core(s)/5/5
				Property and Comments of the C

