FOUNDERS DAY EVENTS

PARADE! - 10:00 A.M.
MERCHANTS!
SOFTBALL!
CRAFTS!
KIDS GAMES!
GREAT FOOD!
MUSIC!
MOTORCYCLE &
CAR SHOW!



VOLUNTEER!

- GET FREE GEAR!
 GET FREE FOOD!
- WATCH GREAT BASKETBALL!
- FOR MORE INFO. CALL: (509) 499-4240



REGISTER ONLINE:

WWW. HOW

OUR PROUD SPONSORS

SUNWEST

AUTOMOTIVE ENGINE

Sunwest Automotive Engine is a privately owned business operated by the same owner for over 25 years. Our cylinder head specialist and engine assembler have over 60 years of experience in their fields. We are a company dedicated to customer service.



Meet at the Street! 484-4500



DESIGN

Zome Design is a leading manufacturer of custom decorated apparel in the Pacific Northwest specializing in embroidery, screen-printing, tackle-twill and multi-media applications.



Medical Lake Physical Therapy

Keep it Movin!



At Medical Lake Physical Therapy, we are committed to providing exceptional care with unmatched attention. While most corporate type clinics double and triple book clients to one therapist, we offer you a full hour with a Licensed Physical Therapist, one on one, every time. We accept all insurances and bill them for you, including secondary insurances.

OUR PROUD SPONSORS

JUST RIGHT FOR NORTHWEST

We're one of the pioneers of membership, discount shopping in the Northwest. Our stores offer maximum savings and selection on the things you need and use every day. Bi-Mart is a great fit for our members- being a friendly, comfortable place to shop that's not too big and not too small.





Great products and services are just a start. At Sterling, expect something different. Our approach allows us to focus on the little things that make a big difference. What's the bottom line? At Sterling, we improve lives and strengthen communities.

MEDICAL LAKE THE DENTAL CLINIC Family Dentistry

N. 123 Brower • Medical Lake, WA • 509.299.5171 509.299.5151 (Fax) • New Patients Welcome *Most Insurances Accepted*



We take pride in serving our guests the finest pizza with the freshest ingredients. We also serve pasta, calzone, deli sandwiches, salad bar, sodas, beer and wine. Our signature dough and spices are the "secret" to our award-winning pizzas.



GUARANTEED REGISTRATION DEADLINE: JUNE 5, 2012

REGISTER ONLINE:

TEAM INFORMATION

TEAM NAME:		
TEAM GENDER (Check One):	
Male	Female	Co-Ed

DIVISIONS*

_OPEN-\$96: A recreational level of play. Call your own fouls.

OPEN 6' 1" & Under- \$96: A recreational level of play. ALL team members must be 6'1" tall or under. Call your own fouls. Every player wil be measured at the start of 1st game and if found to be over 6'1", will be disqualified from the tournament.

ADULT & HIGH SCHOL CO-ED- \$96:

A recreational level of play. All teams must have at least one female on the court at all times. Call your own fouls.

HIGH SCHOL DIVISIONS (check one)- \$96:

9th/10th 11th/12th Entering grades 9-12 in the fall of '12

Officials Provided.

YOUTH DIVISIONS (check one)- \$84:

3rd/4th ____ 5th/6th ____ 7th/8th

Entering grades 3-9 in the fall of '12

Officials Provided.

*Note: Divisions may be combined/dropped at the discretion of tournament director, due to a low number of entries. Players may play in higher divisions if desired. Tournament may be only one day due to a low number of entries.

Waiver of Liability, Release, Hold Harmles and Agreement not to Sue:

I, fuly understand that my participation in the Medical Lake Founders Day Pick & Roll Basketball Tournament (hereinafter "event") exposes me to the risk of personal injury, death or property damage. I hereby acknowledge that I am voluntarily participating in this event and agree to assume any such risk.

I hereby release, discharge and agree not to sue Pick and Roll, Medical Lake Founders' Day Committee, event sponsors, event charities and thier workers, employees, directors and the City of Medical Lake for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in the event from whatever cause, including the active or passive negligence of Pick and Roll, Medical Lake Founders' Day Committee, event sponsors, event charities and thier workers, employees, directors and the City of Medical Lake or any participants in the event.

In consideration for being permitted to participate in the event, I hereby agree, for myself, my heirs, administrators, executors and assigns that I shall indemnify and hold harmless Pick and Roll, Medical Lake Founders' Day Committee, event sponsors, event charities and thier workers, employees, directors and the City of Medical Lake for any and all claims, demands, actions or suits arising out of or in connection with my participation in the event.

I have carefully read this release, hold harmless and agreemnt not to sue and fully understand its contents. I am aware that it is a full release of all liability and sign of my own free will.

REGISTER ONLINE AT

CAPTAIN (Please Print Clearly)
Last Name:
First Name:
Address:
City:State:Zip:
E-mail:
Sex: Male Female
Height: Birthdate: / / Age on 6/18: School Grade (Fall '12):
Experience:AAU HS Varsity College
T-Shirt Size: S M L XXL
(Adult sizes only)
I have read and understand the waiver/release.
X Date:
Captain Signature
Date: (Parent/Guardian Signature if player is under 18 years old)
(Palent/Guardian Signature ii player is under 10 years old)
PLAYER 3
(Please Print Clearly) Last Name:
First Name:
Address:
City: State: Zip:
Dhono #:/

I have read and understand the	waiver/release.
X	Date:
Captain Signature	
X	Date:
(Parent/Guardian Signature if player is	under 18 years old)

JUNE 16-17TH, 2012 MEDICAL LAKE, WA

WWW.MLPICKANDROLL.COM

PLAYER 2
(Please Print Clearly)
Last Name:
First Name:
Address:
City:State:Zip:
Phone #:(
E-mail:
Sex: Male Female
Height: Birthdate: // // // // // // // // // // // // //
Age on 6/18: School Grade (Fall '12):
Experience:AAU HS VarsityCollege
T-Shirt Size: S M L XXL
(Adult sizes only)
(iddit olego olliy)
I have read and understand the waiver/release.
X Date:
Captain Signature
X Date:
(Parent/Guardian Signature if player is under 18 years old)
DIAVED A ADDITANTA
PLAYER 4 (OPTIONAL)
(Please Print Clearly)
(Please Print Clearly) Last Name:
(Please Print Clearly) Last Name: First Name:
(Please Print Clearly) Last Name: First Name: Address:
(Please Print Clearly) Last Name: First Name: Address: City: State: Zip:
(Please Print Clearly) Last Name: First Name: Address: City: State: Zip:
(Please Print Clearly) Last Name: First Name: Address: City: Phone #:(
Last Name: First Name: Address: City: Phone #:(
(Please Print Clearly) Last Name: First Name: Address: City: State: Phone #:() E-mail: Sex: Male Female
(Please Print Clearly) Last Name: First Name: Address: City: State: Phone #:(
(Please Print Clearly) Last Name: First Name: Address: City: State: Phone #:(
Last Name: First Name: Address: City: Phone #:(
(Please Print Clearly) Last Name: First Name: Address: City: State: Phone #:(
Last Name: First Name: Address: City: Phone #:(
(Please Print Clearly) Last Name: First Name: Address: City: State: Phone #:(
(Please Print Clearly) Last Name: First Name: Address: City: State: Zip: Phone #:() - E-mail: Sex: Male Female Height: 'Birthdate: / / Age on 6/18: School Grade (Fall '12): Experience: AAU HS Varsity College T-Shirt Size: S M L XXL (Adult sizes only)
(Please Print Clearly) Last Name: First Name: Address: City: State: Phone #:(
(Please Print Clearly) Last Name: First Name: Address: City: State: Phone #:(- E-mail: Sex: Male Height: ' Birthdate: Age on 6/18: School Grade (Fall '12): Experience: AAU HS Varsity College T-Shirt Size: S M L (Adult sizes only) I have read and understand the waiver/release. X Date:
(Please Print Clearly) Last Name: First Name: Address: City: State: Phone #:(
(Please Print Clearly) Last Name: First Name: Address: City: State: Phone #:(- E-mail: Sex: Male Height: ' Birthdate: Age on 6/18: School Grade (Fall '12): Experience: AAU HS Varsity College T-Shirt Size: S M L (Adult sizes only) I have read and understand the waiver/release. X Date:

GUARANTEED DEADLINE: MAILED: POSTMARKED BY JUNE 5TH, 2012 ONLINE: JUNE 8TH, 2012 For complete rules and information visit:

www.mlpickandroll.com
or call/email
(509) 499-4240
medicallake3on3@gmail.com

TOURNAMENT INFO:

- -Team Captains will receive an e-mail confirmation upon processing of entry.
- Rules, information, and brackets will be e-mailed to all team captains.
- Tournament may be one or two days depending on number of entries.

GUARANTED DEADLINE:

Mailed: Postmarked by June 5th, 2012 Online: June 8th, 2012

- Teams may have 3-4 players.
- All teams guaranteed at least 3 games.
- All players receive a t-shit. Excluding late entries.
- Prizes awarded to 1st, 2nd, and consolation winning teams.

Mail entry along with Check or money order payable to:

Pick and Roll PO Box 1059 Medical Lake, WA 99022



Find us on Facebook

REGISTER ONLINE:

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