

**NLGYBA  
GIRLS BASKETBALL TOURNAMENT REQUEST**

1. **Grade** \_\_\_\_\_
2. **Coach** \_\_\_\_\_
3. **Tournament Attending** \_\_\_\_\_
4. **Tournament Date** \_\_\_\_\_
5. **Tournament Fee** \_\_\_\_\_
6. **Check Payable To** \_\_\_\_\_

**Please submit your request to the NLGYBA Executive Board for payment by:**

1. **Attending our monthly meetings**
2. **Emailing the completed form to [nlgyba@gmail.com](mailto:nlgyba@gmail.com)**
3. **Mailing the completed form to:**  
NLGYBA  
PO Box 145  
New London, WI 54961

**If you have any questions please contact DJ at (920) 419-8911**

**Thank you,  
New London Girls Basketball Association**

\_\_\_\_\_  
**Check Number**

\_\_\_\_\_  
**Date Paid**