

# 4<sup>th</sup> ANNUAL



**October 8-10, 2010**

***Presented by [www.Ballislife.com](http://www.Ballislife.com)***

# **B BALLISLIFE**

## **Phoenix College**

**1202 West Thomas Road  
Phoenix, Arizona 85013**

***Everyone will play 3 Games***

**EVENT IS OPEN TO INDIVIDUAL PLAYERS IN ALL HIGH SCHOOL GRADES, HIGH SCHOOL TEAMS, AND AAU/CLUB TEAMS.**

\* This event is designed to provide all players an opportunity to demonstrate their competitive skills to the Division II, III, NAIA, and Junior College coaches and media invited to attend.

\* Play against top level competition from Arizona and other areas.

\* Our goal is to provide each and every player an opportunity to showcase his game in front of some of the top national/regional scouts expected to be in attendance.

\*The Phoenix Fall Showcase will create an opportunity for you to start your recruiting process if you choose to play after high school and attend college.

\* Top player's evaluation will be on a database and ranked after the Phoenix Fall Showcase and forwarded to over 300 Division I, II, III, NAIA, JUCO and Prep school coaches across the country.

**To reserve your spot please contact Chad Groth (602) 318-4731 or [chadg2k5@aol.com](mailto:chadg2k5@aol.com)**

**SLAM**



**CHADGROTH**

PRESENTED BY



## REGISTRATION FORM

Please fill out and send form and payment to:  
First Class Sports & Entertainment LLC  
PO Box 6864, Goodyear AZ 85338

**A \$75.00 participation fee for individuals must accompany your application and be received by Oct. 1, 2010. Please cashier's check or money orders payable (no personal checks) to "First Class Sports & Entertainment LLC".**

Name \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone(    ) \_\_\_\_\_

E-mail \_\_\_\_\_

H.S. Grad Yr. \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

SAT Score \_\_\_\_\_ ACT Score \_\_\_\_\_ GPA \_\_\_\_\_

School/Coach \_\_\_\_\_

HEALTH AND BEHAVIOR GUIDELINES AND WAIVER OF LIABILITY Health Insurance

Co. \_\_\_\_\_

Policy No. \_\_\_\_\_ Group No. \_\_\_\_\_

I understand that any Phoenix Fall Showcase (PFS) participation who does not abide by the rules, regulations and policies established by PFS is subject to dismissal without reimbursement or recourse and I hereby waive and release the PFS from any and all liability for any injury or illnesses while participating in the camp. I hereby authorize the directors of PFS to act according to their best judgment in any emergency if I cannot be contacted. I understand that each camp participant is required to have their own medical and accident insurance.

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SIGNATURE OF PARENT OR GUARDIAN