

**29th Annual Canadian Summer Tipoff Basketball
Tournament**

**TOURNAMENT REGISTRATION FORM
(REGISTRATION DEADLINE: FRIDAY, JUNE 5, 2026)**

-NAME OF TEAM: _____

-CONTACT PERSON: _____

-PHONE: _____ **-FAX:** _____ **-EMAIL:** _____

-CHOOSE which division your team would like to play:

-YOUTH (grades 6-8) _____

-JUNIOR VARSITY (grades 8-10) _____

-VARSITY (grades 9-11) _____

-OPEN (any age) _____

(NOTE: teams may register to play in any division they want)

For scheduling purposes, we would be able to play in Victoria by:

Saturday 9:00 a. m. _____ **Saturday 12:00 noon** _____ **Other:** _____

My team would like to play the following (please mark one choice):

-three games in a single day _____ -Saturday _____ OR -Sunday _____

-four games over two days _____

**Mail entry form with cheque for \$595 or \$465 per team payable to
South Vancouver Island Basketball Association to:**

**Brett Westcott, SVIBA President, #441-40 Gorge Road West
Victoria, B. C., V9A 1L8 You can etransfer the entry fee to westcott@shaw.ca.**