

Please e-mail or fax this form ASAP

Christ Lutheran Basketball Tournament

Response Form 2025

E-mail: school@clspeoria.org

Fax: 309-637-7829

Name of School _____
City, State, Zip _____
Your Name _____
E-Mail Address _____
Cell Phone _____

I. Cheerleading Competition (check one)

_____ Yes, we will have a cheerleading squad competing in the cheerleading competition.

_____ No, we will not have a cheerleading squad competing in the cheerleading competition.

II. Hotel Arrangements (please list the name of the hotel and # of rooms reserved)

_____ Yes, we have made arrangements at _____.

We have reserved _____ rooms.

_____ Yes, we need rooms but have not yet made the reservations.

III. Shooting Competitions (List Name and Jersey #)

Free-Throw shooter _____ and # _____.

3-Pt shooter _____ and # _____.

IV. Team record

Our record as of _____ is _____.

Please list any teams from our tournament that you played, who won, and the score.

V. How would you rate your team (circle one) – very strong, strong, average, weak, very weak.

VI. How would you rate your team compared to last year's team - stronger, same, weaker.

IF YOU HAD YOUR CHOICE, WHAT IS THE EARLIEST YOU COULD PLAY ON FRIDAY _____