

# 2016 FIBERMAX CAPROCK CLASSIC

A project of the Lubbock Caprock Chapter of AMBUCS

The largest High School Basketball tournament in the nation

Info@caprockclassic.com / www.caprockclassic.com

## 2016 FIBERMAX CAPROCK CLASSIC - PARTICIPATION CONTRACT

ATTN: Coach \_\_\_\_\_

(PLEASE RETURN ASAP)

School \_\_\_\_\_

\_\_\_\_ Boys \_\_\_\_ Girls

Address \_\_\_\_\_

School Classification (UIL) \_\_\_\_\_

-----OR-----

City,State,Zip \_\_\_\_\_

School Enrollment (TAPS) \_\_\_\_\_

\_\_\_\_, Yes, we contractually agree to play in the **FIBERMAX CAPROCK CLASSIC: December 29,30,31 2016**

\_\_\_\_, No, we are unable to attend.

The undersigned hereby represents and warrants that it has the full capacity and authority to enter into, execute, deliver and perform this contract, and that such execution, delivery and performance will be valid and binding upon the aforementioned school regardless of any Coaching or Athletic Director changes. The undersigned acknowledges and AMBUCS is relying upon this representation in the preparation of its tournament. Breach of this contract will result in severe and irreparable harm to Caprock AMBUCS. **As a result, failure to perform will result in a \$1000 withdrawal fee payable to AMBUCS. The withdrawal fee will be incurred after school fails to attend scheduled game(s) OR if school communicates before tournament that the team will be unable to attend the tournament. THERE IS NO ENTRY FEE.**

**The undersigned does hereby bind the aforementioned school to perform this contract; however, teams are not confirmed until acknowledged in writing by Caprock AMBUCS.**

This participation contract also permits the names of schools, pictures of games etc for marketing and promotional purposes.

Coaches Name: \_\_\_\_\_

RETURN TO:

EMAIL [Info@caprockclassic.com](mailto:Info@caprockclassic.com)

School: \_\_\_\_\_

MAIL: [P.O. Box 93871](#)

Today's Date: \_\_\_\_\_

[Lubbock, Texas 79493-3871](#)

Coach's Signature: \_\_\_\_\_

Athletic Director's Signature: \_\_\_\_\_

School Superintendent's Signature: \_\_\_\_\_

**(ALL signatures required for completion of Contract.)**

**EACH TEAM IS GUARANTEED 4 GAMES.**

**TEAMS ARE NOT GUARANTEED BRACKET POSITION PLACEMENT OR LEVEL OF COMPETITION.**

**Please help us with the correct communication information below:**

School Phone Number: \_\_\_\_\_

Coach Cell Phone: \_\_\_\_\_

Coach E-mail Address: \_\_\_\_\_

Athletic Director's E-mail Address: \_\_\_\_\_

**WE WILL CONFIRM RECEIPT OF YOUR COMPLETED CONTRACT. IF YOU HAVE NOT RECEIVED YOUR E-MAIL CONFIRMATION WITHIN 10 DAYS FROM YOUR SUBMISSION, PLEASE CONTACT US AT 806-535-9214 or 806-787-9117**